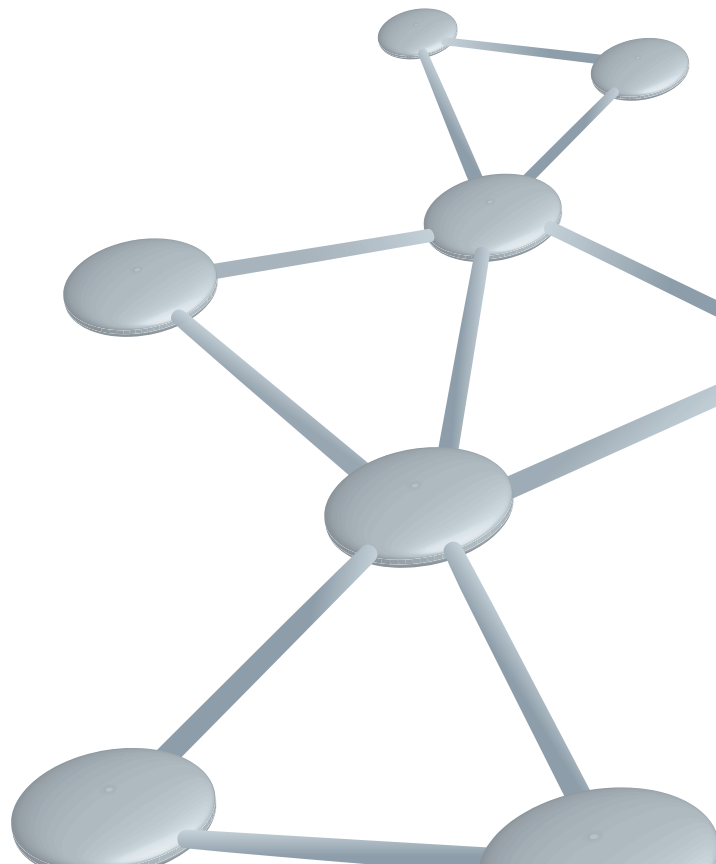
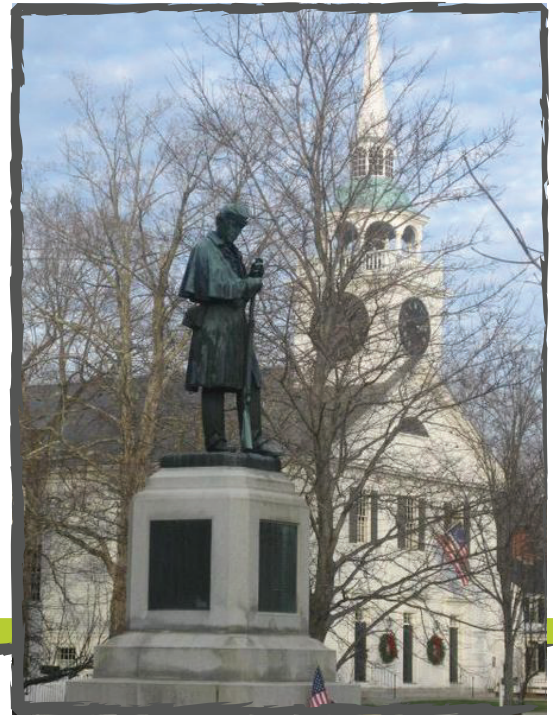


Greater Nashua *Regional Network*

Community-Based, Data-Driven Response
to Substance Misuse & Disorders

STRATEGIC PLAN FOR PREVENTION **2012-2015**



Acknowledgements

The publication of the Greater Nashua Regional Network's Strategic Plan for Prevention to address substance misuse and disorders is a result of a coordinated effort by many local community leaders and organizations as well as key funders and technical assistance providers.

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Nashua Prevention Coalition
United Way of Greater Nashua
Merrimack Safeguard
Hudson/Litchfield Partners



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Executive Summary

Substance misuse and disorders have a serious impact on the quality and function of the lives of individuals, the strength of family support systems and community organization and attachment. Devastating consequences of alcohol and other drug misuse range from increased violence in homes and unsafe or unwanted sexual activity to car crashes and life-threatening overdoses. Substance misuse and disorders are strongly associated with mental health and can prevent individuals from reaching a state of personal wellness or “whole” health. In comparison to national figures, New Hampshire’s (NH) substance abuse rates are statistically higher for a number of population groups. The costs of substance use are not limited to the impact on individuals, families and communities; the economic cost of substance misuse and disorders places the issue as the second most costly to local governments after elementary and secondary education. Given the magnitude of individual, family, community, governmental and societal costs of substance abuse, the most poignant aspect of its devastating effects is that they are 100% preventable.

Prevention is defined as a *proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.*¹

Historically, substance use prevention efforts consisted of educational and one-time events that had limited impact on preventing substance misuse and disorders. As the field has evolved, it has adopted a public health approach to substance use prevention. Effective substance use prevention efforts must be comprehensive; in that, they must include multiple types of prevention efforts. Prevention must target all levels of society; influencing personal behaviors, family systems and the environments in which individuals live, study, work and play. Data-driven and community-based prevention is most effective.

The state of New Hampshire launched its progressive Regional Network System for alcohol and drug abuse prevention across the state in 2007. The Greater Nashua Regional Network was one of the ten Regional Networks created through this innovative statewide approach to prevention. The Greater Nashua Network is a network of concerned citizens that aims to deliver comprehensive, multi-level, data-driven, community-based prevention to the Nashua area.

Through recent planning activities that promoted a broad and in-depth level of community engagement in the process, the Greater Nashua Regional Network has developed this three-year strategic plan for the prevention of substance misuse and disorders for youth, young adults and adults in the greater Nashua area. The Network serves the geographically small but population dense and somewhat urban southern portion of New Hampshire that borders Massachusetts. Although the area is small in range, many unique cultures exist within its’ boundaries. To respond to this, the Greater Nashua Regional Network has supported the maintenance and development of four membership coalitions: Merrimack Safeguard, Nashua Prevention Coalition, Hudson/Litchfield Coalition and Community Action for Safe Teens. It is through these local coalitions, under the umbrella of the Network, that this strategic plan came to be.

Alcohol, marijuana and non-medical use of prescription drugs among youth were identified as the priority substance use issues that will be addressed by this strategic plan. The Nashua Regional Network is also committed to supporting the work of the City of Nashua’s Division of Public Health and Community Services to reduce and prevent tobacco use in the area.

¹ Substance Abuse and Mental Health Services Administration; Center for Substance Abuse Prevention (CSAP) Retrieved from: <http://www.samhsa.gov>

The Greater Nashua Regional Network has determined the following goals for 2015:

GOAL 1	Decrease underage drinking among high school aged youth in the Greater Nashua Region by 2015.
GOAL 2	Decrease marijuana use among high school aged youth in the Greater Nashua Region by 2015.
GOAL 3	Decrease non-medical use of prescription drugs among high school aged youth in the Greater Nashua Region by 2015.

The strategies chosen to address the Greater Nashua Region’s goals build on the existing resources of the local membership coalitions. The majority of the selected strategies are research-based and the local-level strategies complement the more widespread regional strategies to be coordinated by the Regional Network. The chosen strategies cover a large spectrum of society – touching individuals, families, healthcare providers and the general public with consistent prevention messaging that will lead to reduced substance use. The chosen strategies listed below reflect both a conceptual and practical fit in the Greater Nashua Region. The relationship between problems, resources, activities and expected outcomes is logical and demonstrates theoretical evidence that the implementation of this plan will yield the expected outcomes.

SELECTED STRATEGIES

- **Buyers Beware**
- **Big Brothers Big Sisters Mentoring Program (2 Levels)**
 - **Level 1: One-to-one school/site-based mentoring – high school volunteer mentors**
 - **Level 2: Reducing substance abuse through one-to-one mentoring high-risk youth**
- **Change Prescriber Practices – Trainings for Providers**
- **Friendly PEERsuasion**
- **Life of an Athlete**
- **Media Power Youth:**
 - **Level 1: Media Power Youth Crew**
 - **Level 2: Media Power and You in Action**
 - **Level 3: Elementary & Middle School Curricula Training**
- **Photovoice Project**
- **Teen Institute Training for Youth**
- **Active Parenting**
 - **Active Parenting NOW**
 - **Active Parenting of Teens**
- **DrinkStory.com**
- **Media/Social Marketing Campaign**
- **Fostering Healthy Choices through Juvenile Court /Diversion**
- **Permanent Prescription Drug Disposal Locations**
- **Coalition-Building and Communities Mobilizing for Change on Alcohol (CMCA) Model for Community Organizing**
- **Regional Network Capacity Building**
- **Assessment**

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The total cost to implement this plan is \$467,218 per year. Funding in the amount of \$243,944 currently exists to support this plan. The total amount of funds still needed is \$223,274. The implementation of strategies and resulting work plan will be dependent on the amount of funding acquired to support the strategies listed in this plan. The Greater Nashua Regional Network is committed to evaluating the process of implementing this plan and the intermediate and long-term expected outcomes. Evaluations will be used for continuous quality improvement and to measure the expected change in individuals, families and communities that will ultimately lead to the increased prevention of substance misuse and disorders.

I. Introduction

Alcohol and Other Drug Misuse in New Hampshire

The Problem

Alcohol and other drug misuse pose one of the greatest risks to individual and community health and safety. Substance misuse has both short and long-term health and safety consequences, including cognitive impairment that affects driving and learning, delays to adolescent brain development and social skill development, suicide risk, unwanted sexual activity, violence, injury, family and relationship problems, academic failure, low work place productivity, acute intoxication, crime, addiction, and other outcomes, many of which are associated with significant personal and societal costs.

According to the National Survey on Drug Use and Health (NSDUH), in 2010 an estimated 22.6 million Americans aged 12 or older used illicit drugs in the past month and over 131 million people reported being current drinkers of alcohol. Among this population, 23.1 million people aged 12 or older in the U.S. met diagnostic criteria for an illicit drug or alcohol use problem.²

In comparison to national figures, New Hampshire's (NH) substance abuse rates are statistically higher for a number of population groups. Reported use of alcohol and marijuana in the past 30 days is higher for many age groups in NH. Among youth aged 12-17 and young adults aged 18-25, NH's rates of binge drinking are significantly higher than the U.S.³ In addition, NH's 12 to 17 year-olds are one-and-one-half times more likely than 12 to 17 year-olds nationwide to smoke marijuana.⁴ This amounts to one in four NH high school aged children who engage in regular binge drinking and regular marijuana smoking.⁵ The rate of young adult drinking (18 to 25 year olds) in NH is the highest in the country.⁶ Young adults in NH have higher rates of use of illicit drugs other than marijuana and higher rates of non-medical use of painkillers compared to peers nationally.⁷

The devastating consequences of alcohol and other drug misuse range from increased violence and unsafe or unwanted sexual activity to car crashes and life-threatening overdoses. In 2011, the number of drug-related deaths in NH hit 200, a first since these data have been collected and reported. The number of deaths represents an increase of over 300% since the year 2000. Drug deaths caused by prescribed medications almost doubled from 49 to 83 between 2008 and 2009 and eighty-two percent of drug-related deaths in 2011 were related to prescription drug abuse.⁸ Additionally, between 2001 and 2006, the percentage of car crashes related to alcohol ranged between 35% and 45%.⁹

Alcohol and other drug misuse pose economic burdens as well. The costs associated with alcohol and other drug misuse in the U.S. topped \$400 million in 2005, with 95.6% of costs incurred related to alcohol and drug problems, such as hospital stays, emergency response, and criminal activity. Local governments in 2005 spent almost 16% of

² SAMHSA. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*. pp 1-6. Retrieved from: <http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.pdf>

³ SAMHSA. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings*. p 3. Retrieved from: <http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf>

⁴ Ibid. p 2.

⁵ NH DOE. (2011). *NH Youth Risk Behavior Survey Results*. pp 76, 91. Retrieved from: http://www.education.nh.gov/instruction/school_health/documents/2011nhyrbsdetailtables.pdf

⁶ Ibid. p 76.

⁷ Ibid, pp 85-120.

⁸ Dr. Thomas Andrew, NH Medical Examiner's Office.

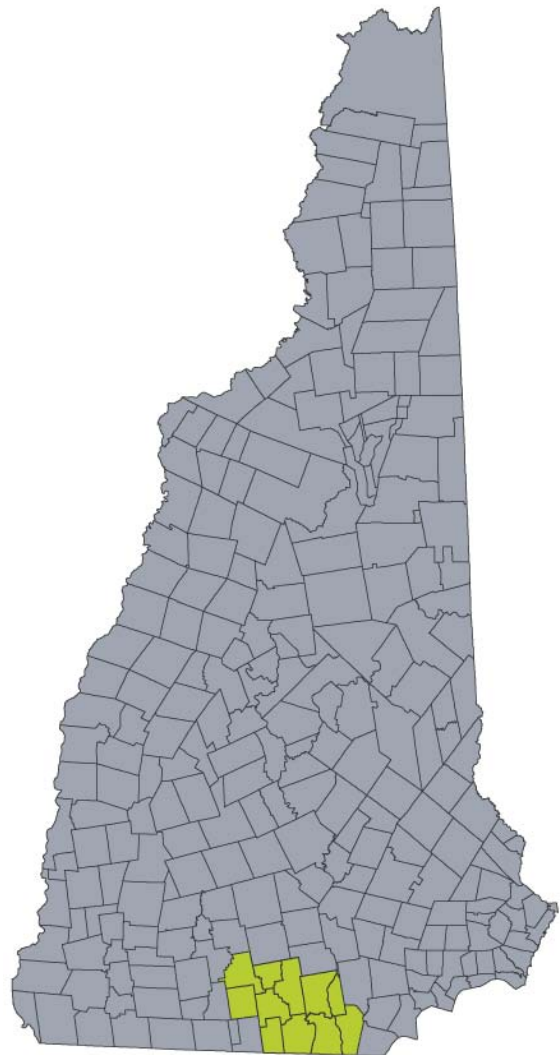
⁹ National Highway Traffic Safety Administration. *Fatality Analysis Reporting System (FARS)*. Retrieved from: <http://www.nhtsa.gov/FARS>

their budgets on dealing with substance abuse and addiction, compared to 13.3% in 1998. This amount places the issue as the second most costly to local governments after elementary and secondary education. In spite of the staggering costs associated with alcohol and other drug misuse consequences, in 2005, only 1.9% of substance abuse funds across the U.S. were committed to prevention and treatment, 0.4% to research, 1.4% to taxation and regulation, and 0.7% to interdiction.¹⁰ For every \$100 spent on alcohol and other drug misuse problems, states spent an average of \$2.38 on prevention and treatment, while NH ranked last in the nation, spending just 22 cents of every \$100 of substance abuse expenditures on prevention and treatment of alcohol and drug abuse and addiction.¹¹

Prevention

Given the magnitude of individual, family, community, governmental and societal costs of substance abuse, the most poignant aspect of its devastating effects is that they are 100% preventable. But their preventability does not make the issue simple to address. The awareness and engagement of multiple stakeholders and sectors within communities is a first step toward changing the norms and other contributing factors that influence a person's decision to misuse drugs or abuse alcohol. To that end, in 2007 the state of NH launched its Regional Network System for alcohol and drug abuse prevention across the state. The system identified and funded ten geographically determined regions to engage communities in an evidence-based approach to prevention. Each region has a fiscal sponsor, a community- or county-based organization with a complementary mission to improve health outcomes which employs a full-time coordinator, establishes formal communication within the Region, convenes leaders and key stakeholders, engages the general public, and supports the community in determining the assets that community organizations and individuals can contribute to substance abuse prevention efforts. The Greater Nashua Regional Network – Beyond Influence, was one of the ten regions created, and includes the communities of southern Hillsborough County.

Greater Nashua Regional Network



¹⁰ The National Center on Addiction and Substance Abuse at Columbia University. (May 2009). *Shoveling Up II: The Impact of Substance Abuse on Federal, State, and Local Budgets*. p 4. Retrieved from: <http://www.casacolumbia.org/articlefiles/380-ShovelingUpII.pdf>.

¹¹ Ibid. p. 116.

II. The Greater Nashua Regional Network *Beyond Influence*

Regional Demographics

Even though the Greater Nashua Region is geographically small, it is comprised of eleven communities in southern Hillsborough County (listed below). The total population living in the Region is 191,486.

Amherst	Hudson	Merrimack	Nashua
Brookline	Litchfield	Milford	Wilton
Hollis	Lyndeborough	Mont Vernon	

Many resources and entertainment opportunities are available to the Region's residents. While residents can find entertainment at two movie theaters, a symphony, or several parks and community buildings, they can also explore their academic curiosities by attending school in one of the eight school districts, or by taking classes at any of the five colleges in the Region. In addition to education and entertainment, medical resources and facilities, including hospitals, large medical practices, and a substance abuse treatment facility serve the health and needs of Greater Nashua Region residents. There is a city division of public health that includes health promotion and an epidemiologist, as well as several non-profit organizations that serve the needs of disadvantaged youth and adults.

Despite the ease of access to substance free entertainment and a wide variety of human service organizations, substance use is as prevalent in these southern NH communities as in other parts of the state. Communities in the Greater Nashua Region recognize the harmful impacts of alcohol abuse and other drug use, as well as the responsibility and opportunity we have to influence choices and behaviors that promote healthy lives, safe neighborhoods, and thriving economies.

Race and ethnicity of the population often affect the design of prevention and early intervention activities depending on their cultural contexts. The Greater Nashua Region has the largest Spanish-speaking population in the state, and as shown in the table below, the Region has a dense population that is racially, ethnically, linguistically, and socio-economically diverse.



Age, race/ethnicity, and population density were all considered in the development of this regional strategic plan in response to substance misuse and disorders.

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Population and Diversity of Greater Nashua Region¹²

Town	2000 Pop.	2010 Pop.	% of the Pop.	% White	% Hispanic*	% other than English spoken at home per household	% below poverty level per household	% over \$150,000 annual earnings per person
Amherst	10,769	11,201	5.8	95.8	1.9	26.3	2.8	17.2
Brookline	4,181	4,991	2.6	96.5	2	19.6	3.1	17
Hollis	7,015	7,684	4.0	95.2	1.2	12	0.6	13.9
Hudson	22,928	24,467	12.8	93	2.9	33	3.4	7.3
Litchfield	7,360	8,271	4.3	96.4	2	20.1	4.9	9.7
Lyndeborough	1,585	1,683	0.9	94.7	1.6	8.1	5.8	5.6
Merrimack	25,119	25,494	13.3	95	2.1	35.1	2.8	11.8
Milford	13,535	15,115	7.9	94.8	2.2	31.1	6.1	7.6
Mont Vernon	2,034	2,409	1.3	97.3	1.5	38.1	2.5	11.9
Nashua	86,605	86,494	45.2	83.4	9.8	37.8	7.3	7.2
Wilton	3,743	3,677	1.9	97.1	1.4	12.4	5.6	5.6
Total	184,874	191,486						

* The U.S. Census Bureau defines "Hispanic or Latino" as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. This does not include anyone from Brazil.



¹² U.S. Census Bureau. (2010). Retrieved from: <http://2010.census.gov/2010census>

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Important when considering substance use and related conditions within a particular geography are the demographics of the resident population. The following table represents age range estimations of the population in the Greater Nashua Regional Network based on the 2010 U.S. Census.

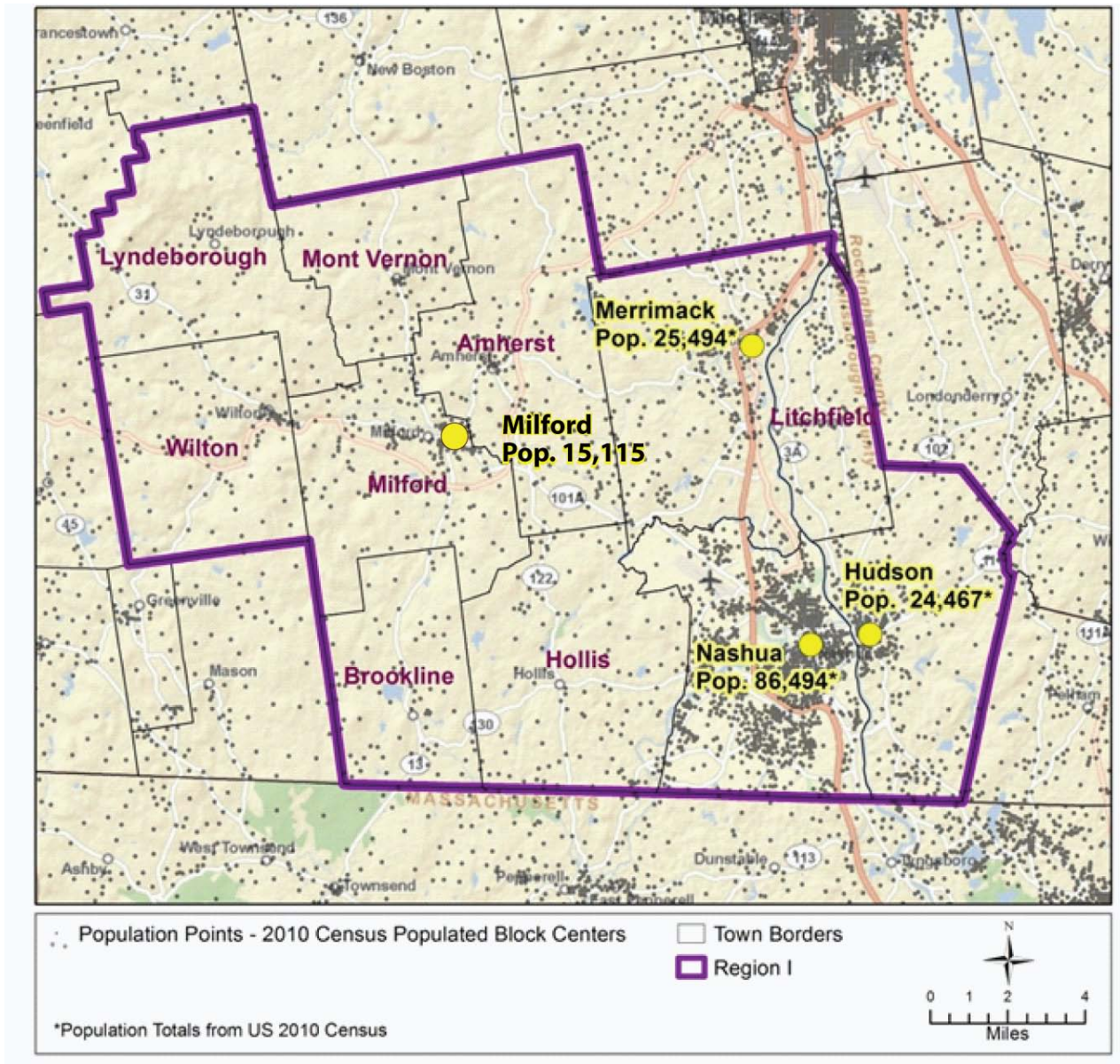
Greater Nashua Region Population by Age and Gender

Age	Total #	Total %	Total # Male	Total % Male	Total # Female	Total % Female
Under 5 years	11,111	5.80%	5,566	2.91%	5,545	2.90%
5 to 9 years	12,510	6.53%	6,347	3.31%	6,163	3.22%
10 to 14 years	13,389	6.99%	6,892	3.60%	6,497	3.39%
15 to 19 years	13,418	7.01%	7,027	3.67%	6,391	3.34%
20 to 24 years	10,574	5.52%	5,457	2.85%	5,117	2.67%
25 to 29 years	10,722	5.60%	5,433	2.84%	5,289	2.76%
30 to 34 years	11,163	5.83%	5,449	2.85%	5,714	2.98%
35 to 39 years	12,948	6.76%	6,423	3.35%	6,525	3.41%
40 to 44 years	15,204	7.94%	7,526	3.93%	7,678	4.01%
45 to 49 years	17,666	9.23%	8,822	4.61%	8,844	4.62%
50 to 54 years	16,370	8.55%	8,239	4.30%	8,131	4.25%
55 to 59 years	13,015	6.80%	6,469	3.38%	6,546	3.42%
60 to 64 years	10,993	5.74%	5,297	2.77%	5,696	2.97%
65 to 69 years	7,592	3.96%	3,629	1.90%	3,963	2.07%
70 to 74 years	5,166	2.70%	2,375	1.24%	2,791	1.46%
75 to 79 years	3,888	2.03%	1,717	0.90%	2,171	1.13%
80 to 84 years	3,046	1.59%	1,215	0.63%	1,831	0.96%
85 years and Over	2,711	1.42%	860	0.45%	1,851	0.97%

Source: 2010 U.S. Census

Consideration of population density may also be particularly important when determining the cost-effectiveness of environmental prevention strategies. The City of Nashua is the most populated city in the Greater Nashua Region, and is the second most populated city in the state with 86,494 residents.¹³ Merrimack and Hudson are the next most populous cities in the Region with 25,494 and 24,467 residents respectively.

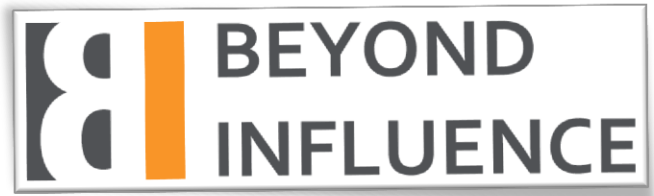
Population Centers within the Greater Nashua Regional Network



¹³ U.S. Census Bureau. (2010). Retrieved from: <http://2010.census.gov/2010census>

Existing Prevention Efforts

Beyond Influence, formerly known as Greater Nashua Community Prevention Coalition, is the regional prevention network for Greater Nashua. Before it was established as one of the ten regional networks under the Strategic Prevention Framework (SPF) grant, Community



Actions for Safe Teens (CAST) was the only coalition in the Region focused on youth risk behavior. With the help of SPF mini-grants, three membership coalitions have formed that are now sustained without funding. The fourth membership coalition, which serves Hudson and Litchfield will be partnering with Londonderry and Derry to build a strong continuum of care coalition

Existing Membership Coalitions:

Merrimack Safeguard **Evolved from Drug Advisory Council in Merrimack*

Merrimack Safeguard, evolved from a formerly existing school initiative called the Drug Advisory Council. Merrimack Safeguard is dedicated to helping youth and families make positive choices.

Nashua Prevention Coalition

The Greater Nashua Healthy Community Collaborative had a Tobacco Free Coalition, which evolved to include alcohol prevention and formed the Nashua Prevention Coalition. The alcohol prevention component replaced the Mayor's Task Force on Youth Drinking, which had been inactive for a few years prior to the SPF grants. The Nashua Prevention Coalition Believes healthy kids grow healthy communities. They are dedicated to increasing awareness, education, and community involvement in substance abuse prevention and reduction for children and teens.

Hudson/Litchfield Coalition

Hudson/Litchfield has potential, but is in the early stages of development. In the fall, the coalition will show a documentary created by the University of New Hampshire's Institute on Disability, *Who Cares about Kelsey?*, an alternative approach success story about helping a high school drop-out who struggles with addiction as well as emotional and behavioral challenges.

Community Action for Safe Teens (CAST)

Community Action for Safe Teens is a grassroots coalition that was originally created as The Youth Task Force to help support preventive programs for youth and to connect parents struggling with teenagers that were involved in substance abuse. It was evolved into a strong collaboration that is sustained as a program of the Souhegan Valley Boys and Girls Club.

III. Community-Based Strategic Planning Process

In 2011, each of ten regions in NH that comprise the New Hampshire Regional Network System were called upon to identify and address priority substance use issues and develop a three-year community-based, data-driven strategic plan. The process the Regional Networks used to conduct strategic planning is based on two evidence-based approaches: the Strategic Prevention Framework (SPF) approach sponsored by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and Communities Mobilizing for Change on Alcohol, an evidence-based community development model included on SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP). The process was also guided by the overarching theories of Appreciative Inquiry, Community-Based Participatory Research and NH's five-sector model¹⁴ for community engagement, which requires convening and eliciting the knowledge and interest of the people from business, education, law enforcement/safety, health and government sectors who live and work in the Greater Nashua Region and whose lives and professions are affected by the issue.

Engaging the Community

Through the assessment of existing prevention efforts, the Regional Network harnessed existing capacity to assist in the Region's strategic plan development. Starting in February 2011, Beyond Influence pulled together the four membership coalitions to review focus group data, Youth Risk Behavior Survey (YRBS) data, higher education data, Community Readiness Interview data, Appreciative Inquiry data, arrest data, hospital data, the sustainability assessment, and Resource and Asset Inventories. These groups conducted root cause analyses, which were re-evaluated as new data (such as new YRBS and higher education surveys) emerged.

The following table shows the highlights of past and recent efforts and challenges to addressing in developing a mission, vision, and work plan during the summer of 2012. The membership of local coalitions participated in each step of the planning process.

The regional workgroups participated as planned; the Data Information Group (DIG) played a role in data assessment, and the Resource Information Group (RIG) developed problem statements and conducted root cause analyses. The Region came together five times throughout 2011 and 2012 in order to do regional root cause analysis, develop regional problem statements, and to develop and vote on strategies. The DIG met four times to identify gaps in the assessment and the RIG developed regional problem statements based on the root cause analysis and problem statements developed by the membership coalitions.

¹⁴ See Appendix A

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Groups Involved	Strategic Planning Steps	Sectors Represented	Number of Participants*
Data Information Group (DIG)	1: Assessment	<div> <div>H</div> <div></div> <div>E</div> <div></div> <div>G</div> <div></div> </div>	5
Resource Information Group (RIG)	2: Develop Problem Statements 3: Root Cause Analysis	<div> <div>H</div> <div></div> <div>E</div> <div></div> <div></div> <div></div> </div>	4
Nashua Prevention Coalition	1: Assessment 2: Develop Problem Statements 3: Root Cause Analysis 4: Select Strategies 5: Craft Strategic Plan	<div> <div>H</div> <div>L</div> <div>E</div> <div></div> <div>B</div> <div>G</div> <div>C</div> <div>S</div> </div>	8
Community Action for Safe Teens	1: Assessment 2: Develop Problem Statements 3: Root Cause Analysis 4: Select Strategies 5: Craft Strategic Plan	<div> <div>H</div> <div>L</div> <div>E</div> <div></div> <div>B</div> <div>G</div> <div>C</div> <div>S</div> </div>	7
Hudson/Litchfield Coalition	1: Assessment 2: Develop Problem Statements 3: Root Cause Analysis 4: Select Strategies 5: Craft Strategic Plan	<div> <div></div> <div>L</div> <div>E</div> <div></div> <div></div> <div></div> <div></div> </div>	5
Merrimack Safeguard	1: Assessment 2: Develop Problem Statements 3: Root Cause Analysis 4: Select Strategies 5: Craft Strategic Plan	<div> <div>H</div> <div>L</div> <div>E</div> <div></div> <div>B</div> <div>G</div> <div>C</div> <div>S</div> </div>	10

Sectors

H Health & Medical	L Law Enforcement & Safety	E Education
B Business	G Government	C Cultural or Faith Based
S Community Supports	*A person may have served on more than 1 group.	

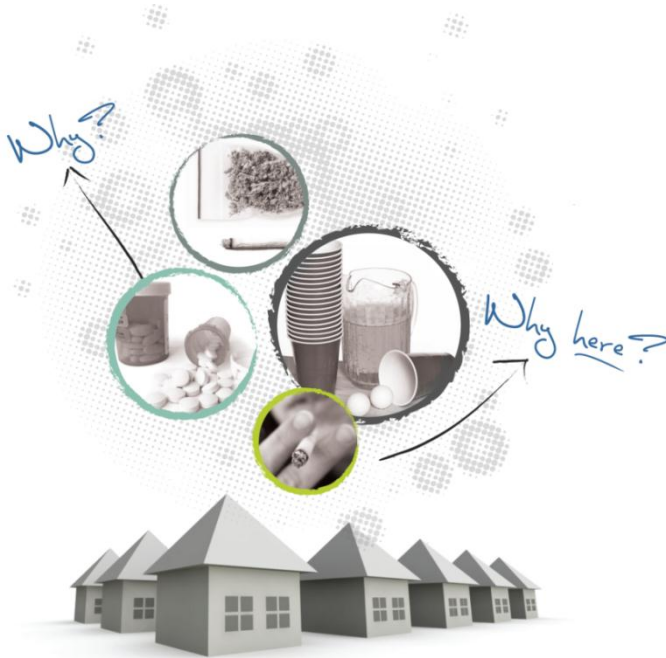
Strategic Planning Steps

- 1: Gather and interpret assessment data
- 2: Develop problem statements
- 3: Conduct root cause analysis
- 4: Design & select strategies
- 5: Craft regional strategic plans



Planning Steps

The Greater Nashua Region Planning Team guided the communities through five critical steps to understanding the prevalence and root causes of alcohol and drug abuse, the resources available to address the problem, and the strategies that will have the greatest likelihood of effecting positive change. These five steps are outlined below.¹⁵



Strategic Planning Steps	
1	Gather and Interpret Assessment Data
2	Develop Problem Statements
3	Conduct Root Cause Analysis
4	Design and Select Strategies
5	Craft Regional Strategic Plans

To start, communities in the Region intensively studied the epidemiological and community data in order to understand the extent of the problem and determine possible solutions. Throughout the planning, the questions of “Why?” and “Why here?” were central.

Why is there a substance use problem? Why is there a problem here in our community? What resources and assets currently exist in our community that impact or have the potential to impact substance use? What are the barriers to prevention in our community and how can we overcome those barriers? Why would particular strategies work or not work in our community? Through this line of questioning, the Regional Network was able to identify factors that contribute to substance use and determine how to address these factors given local conditions.

This community-based process resulted in a three-year strategic plan for our communities. The strategic plan will help communicate to all stakeholders the agreed upon priorities, goals and objectives of the network of members. Additionally, the three-year strategic plan records the process the network undertook to determine its action plan, those organizations and individuals who have committed to action, and the measures that will determine the efficacy of the plan, providing a road map by which our communities will hold each other accountable, track progress, make necessary adjustments, and celebrate our accomplishments.

Finally, it is important to underscore that changing the conversation about alcohol and other drug misuse in communities takes time. Positioning the needed resources and will for action takes even longer. This three-year plan will direct the Region towards collective action, which will result in a collective impact on community norms and population level health indicators.

¹⁵ See Appendix B

Identifying Problems

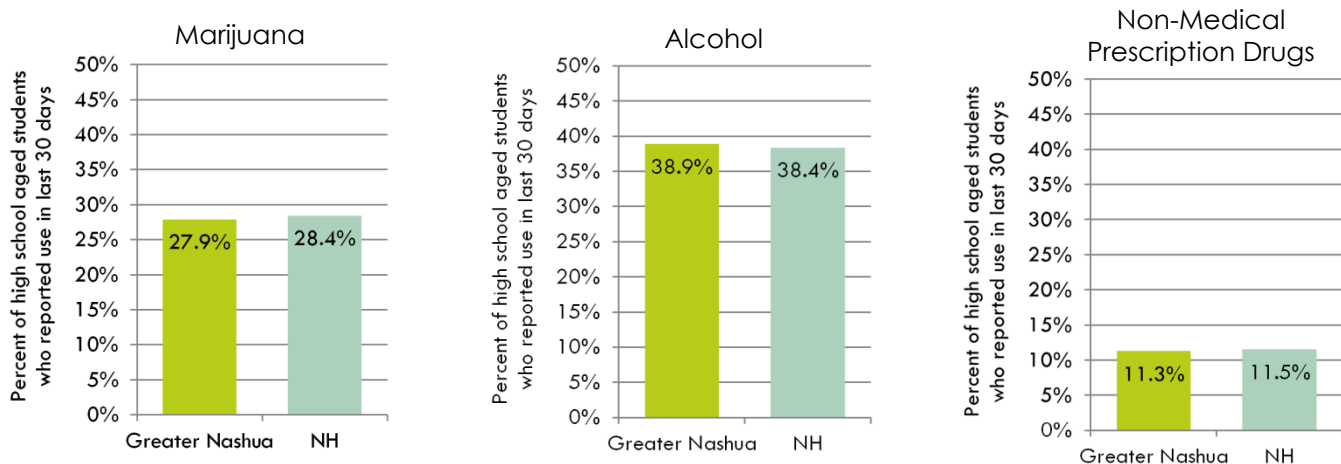
Although efforts could potentially focus on a variety of substances being used in the community, the Region realized the need to narrow down its focus to the substances that were a priority to address. This was done by investigating which substance use reductions are most important to the community, which contributing factors are changeable, what the community is ready to address, and the relevant resources that exist to address substance misuse and disorders. Planning participants began this process by reviewing substance use assessment data from the Greater Nashua Region's *Community Data Profile*.¹⁶ This Profile presents comparisons of use and related risk factors for different substances in the Greater Nashua Region compared to the other regions in NH as well as to the whole state. Community focus group discussions and interviews provided additional depth to this reported use data. After reviewing the qualitative and quantitative data compiled during the assessment phase of the strategic planning process, the Region's membership coalitions¹⁷ identified marijuana, alcohol and non-medical prescription drug use as priorities to address their prevention efforts.



The rates of past 30-day use of marijuana, alcohol or non-medical use of prescription drugs among high school aged youth found in the Region are consistent with rates reported statewide.

Past 30-Day Use by Substance

Source: 2011 YRBS



In addition to addressing the substances identified as priorities in the Region, the Greater Nashua Regional Network is committed to supporting the City of Nashua's Division of Public Health and Community Service's strategies related to tobacco use through the Nashua Prevention Coalition.

¹⁶ NH Center for Excellence. (2011). *Community Data Profile: Greater Nashua Region*. Retrieved from: http://www.nhcenterforexcellence.org/pdfs/dataprofiles/Greater_Nashua_Region_complete.pdf

¹⁷ Merrimack Safeguard, Nashua Prevention Coalition, Hudson/Litchfield, CAST

IV. Goals & Objectives

Strong goals and objectives are specific, measurable, attainable, realistic, and time-specific (SMART). Utilizing SMART goals and objectives serve as a basis from which to develop strategies and activities that will ultimately lead to their intended impact. Goal statements typically articulate the long-term impact that a community



wants to see, such as a reduction in the percentage of young adults who abuse prescription drugs to get high. Objective statements address the risk factors related to the goal and how a community might reach that goal, such as increasing the awareness of young adults regarding the danger and harm related to prescription drug abuse. A potential activity to increase this awareness may be to create and disseminate a series of radio and social media advertisements aimed at young adults about the risk of harm of prescription drug abuse. Clear and articulate goals and objectives allow communities to develop a road map which identifies appropriate and effective activities to create the intended change.

The Strategic Planning Team in the Greater Nashua Region identified three substance use problems of this Region on which to focus. Based on these problems, three SMART goals were identified as follows:

GOAL 1	Decrease underage drinking among high school aged youth in the Greater Nashua Region by 2015.
GOAL 2	Decrease marijuana use among high school aged youth in the Greater Nashua Region by 2015.
GOAL 3	Decrease non-medical use of prescription drugs among high school aged youth in the Greater Nashua Region by 2015.

After translating community problems into actionable goals, the Network identified specific factors leading to the substance use problems. A series of root cause analyses were conducted to accomplish this. In this step, groups of community members were convened and asked *why* particular substance use issues exist and grow in the Region.

The root cause analyses were used to identify the various factors that lie along the pathway to substance abuse in the community. These factors were examined and particular factors were chosen as areas to focus prevention efforts. These targeted factors along the pathway to substance use, describe how each goal will be reached, and are called objectives. These objectives and the Region's three goals they are related to are described in the following table. The indicators of change, tools and metrics to measure the extent to which each of the goals and objectives are being achieved are described in the *Evaluation Plan* section.

GOAL 1	Decrease underage drinking among high school aged youth in the Greater Nashua Region by 2015.
Objectives	
1a:	To decrease access to alcohol among high school aged youth in the Greater Nashua Region.
1b:	To increase the perception of great risk of harm of regular alcohol use among high school aged youth in the Greater Nashua Region.
1c:	To increase the perception of wrongness of regular alcohol use among high school aged youth in the Greater Nashua Region.
1d:	To increase collection, dissemination and use of substance use data in the Greater Nashua Region.
1e:	To increase representation of local substance use coalitions to 100% of the towns in the in the Greater Nashua Region.
1f:	To increase capacity for substance use prevention in the five core sectors in the Greater Nashua Region.

GOAL 2	Decrease marijuana use among high school aged youth in the Greater Nashua Region by 2015.
Objectives	
2a:	To increase knowledge of the medical consequences of marijuana use among youth, parents and older adults in the Greater Nashua Region.
2b:	To increase perception of great risk of harm of regular marijuana use among high school aged youth in the Greater Nashua Region.
2c:	To increase perception of wrongness of regular marijuana use among high school aged youth in the Greater Nashua Region.
2d:	To increase collection, dissemination and use of substance use data in the Greater Nashua Region.
2e:	To increase representation of local substance use coalitions to 100% of the towns in the Greater Nashua Region.
2f:	To increase capacity for substance use prevention in the five core sectors in the Greater Nashua Region.

GOAL 3

Decrease non-medical use of prescription drugs among high school aged youth in the Greater Nashua Region by 2015.

Objectives

3a: To decrease access to prescription drugs among youth and adults in the Greater Nashua Region.

3b: To increase perception of great risk of harm of non-medical prescription drug use among high school aged youth in the Greater Nashua Region.

3c: To increase perception of wrongness of non-medical prescription drug use among high school aged youth in the Greater Nashua Region.

3d: To increase collection, dissemination and use of substance use data in the Greater Nashua Region.

3e: To increase representation of local substance use coalitions to 100% of the towns in in the Greater Nashua Region.

3f: To increase capacity for substance use prevention in the five core sectors in the Greater Nashua Region.

V. Selected Strategies

The Greater Nashua Regional Network has determined the following strategies are the best fit conceptually and practically in the Region based on the root cause analysis, resources and assets inventory and results of strategic planning prioritization activities.

Strategy Fact Sheets are included in Appendix C and will provide the reader with more information about strategy-specific activities and corresponding Center for Substance Abuse Prevention (CSAP) prevention categories and risk and protective factors addressed by each strategy.¹⁸



- **Buyers Beware**
- **Big Brothers Big Sisters Mentoring Program (2 Levels)**
 - Level 1: One-to-one school/site-based mentoring – high school volunteer mentors
 - Level 2: Reducing substance abuse through one-to-one mentoring high-risk youth
- **Change Prescriber Practices – Trainings for Providers**
- **Friendly PEERsuasion**
- **Life of an Athlete**
- **Media Power Youth:**
 - Level 1: Media Power Youth Crew
 - Level 2: Media Power and You in Action
 - Level 3: Elementary & Middle School Curricula Training
- **Photovoice Project**
- **Teen Institute Training for Youth**
- **Active Parenting**
 - Active Parenting NOW
 - Active Parenting of Teens
- **DrinkStory.com**
- **Media/Social Marketing Campaign**
- **Fostering Healthy Choices through Juvenile Court /Diversion**
- **Permanent Prescription Drug Disposal Locations**
- **Coalition-Building and Communities Mobilizing for Change on Alcohol (CMCA) Model for Community Organizing**
- **Regional Network Capacity Building**
- **Assessment**

¹⁸ See Appendix C

Additionally, the network will continue the broader community engagement strategies of assessment, building community readiness, and networking and outreach to expand the scope and reach of the strategic plan. Each strategy is outlined in brief. The outline includes a program description and why the strategy is a good fit for the Greater Nashua Region. How these strategies align with the Region's goals and objectives are discussed in the following section.

Buyers Beware¹⁹ (See page 1 of Appendix C)

Program Description

Buyers Beware is a New Hampshire-based media campaign that was created to address the purchasing of and provision of alcohol to minors by people of legal age.

Local Condition(s) Addressed by this Strategy

Parents are unaware of the penalties for furnishing alcohol in their homes.

Fit & Feasibility

The Greater Nashua Region will implement Buyers Beware region-wide, along with the rest of the state. The Region will continue to conduct Sticker Shock with youth groups, as well as purchase billboards which educate on the laws of furnishing to minors. This strategy addresses a root cause of priority in the Region; older siblings/friends purchasing alcohol for youth.



Big Brothers Big Sisters Mentoring Program (2 Levels)²⁰ (See page 2 of Appendix C)

Level 1: One-to-one school/site-based mentoring – high school volunteer mentors

Level 2: Reducing substance abuse through one-to-one mentoring high risk youth

Program Description

The Big Brothers Big Sisters Mentoring Program is designed to help youth (“Littles”) reach their potential by being matched with an adult volunteer (“Bigs”) who acts as a role model and provides guidance. The Big and Little agree to meet two to four times per month for at least a year, with get-togethers usually lasting three or four hours and consisting of mutually enjoyable activities.

Level 1: The School/Site Based One-to-One Mentoring Program utilizes an elementary student's after-school program as the venue in which the mentor (Big) and mentee (Little) meet. Examples of locations where the school/site based matches meet are 21st Century Extended Day programs in five Nashua inner city elementary schools, Girls Inc., Boys and Girls Club of Greater Nashua and Souhegan Valley, Police Athletic League (PAL) and the Adult Learning Centers after school programs in Nashua, Hudson and Merrimack. The BBBS School/Site-Based Mentoring program is valuable in that it allows us to utilize greater Nashua area high school students (Bishop Guertin, Nashua South, Nashua North, Nashua Christian Academy, Alvirne High School and Hollis Brookline High School), ages 16+, to volunteer as mentors “Bigs.” This provides a positive role model for the elementary school child “Little”, while enhancing admirable traits like social responsibility, leadership and a community volunteerism spirit in the high school student. The high school mentor is trained and understands the responsibilities of being a positive role model as it relates to educational achievement and the avoidance of risky behaviors which include drugs (both prescription and illegal) and alcohol use. Through these one-to-one mentoring relationships we are instilling positive messages about avoidance of drug and alcohol use whereby changing lives and empowering both “Littles” and “Bigs” to engage in healthy and productive attitudes, behaviors and lifestyles.

¹⁹ Media Power Youth. Retrieved from: <http://www.mediapoweryouth.org>

²⁰ NREPP. Big Brother Big Sister Mentoring. Retrieved from: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=227>

Level 2: Big Brothers Big Sisters of Greater Nashua in collaboration with the Youth Council will provide direct service to match high-risk youth referrals from the Youth Council Court Diversion program with volunteer adult mentors in a one-to-one mentoring relationship. The youth identified for this preventive strategy are at-risk for substance use based on lack of school success, family history, and engagement in risky behaviors. Big Brother Big Sister and The Youth Council have a longstanding collaboration matching at-risk and high-risk court involved youth with adult volunteers in a one-to-one mentoring relationship. Currently eight youth arrested for minor offenses have been matched with adult mentors through the Youth Council's Court Diversion Program. This new funding stream will enable us to target and serve more youth with specific issues such as repeated truancy or school suspensions, a family history of substance misuse with parents or siblings, and those engaging in high risk behavior that may not yet have committed an offense for which they could be arrested.

Local Condition(s) Addressed by this Strategy

Multi-generational use.

Fit and Feasibility

Big Brothers Big Sisters of Greater Nashua is a mentoring organization, established to provide guidance, advocacy and friendship to youth who lack supportive surroundings and face significant adversity in their lives. BBBS has committed to implementing this strategy as a lead (Level 1) in the Region and in collaboration with the Youth Council (Level 2). With proven, evidence-based mentoring practices, BBBS Nashua has been making effective mentoring relationships for nearly 30 years.

Change Prescriber Practices – Trainings for Providers

Program Description²¹

Improving prescribing practices of healthcare providers, particularly for opioids, has been proposed as a method for reducing availability of prescription drugs for misuse. Physician training strategies include:

- Academic detailing
- Training to recognize the cardinal features of patients trying to obtain prescription drugs for non-medical purposes
- Adapting prescribing drug writing habits to more safely provide appropriate interventions
- Providing Screening, Brief Intervention and Referral to Treatment (SBIRT) training to new physicians/trainees (Manchikanti, 2007; Twombly & Holtz, 2008)

While many articles identify physician training as a potential effective strategy for reducing non-medical use of prescription drugs (NMUPD), few empirical studies have examined the effects of these training interventions. Guidelines for appropriate clinical management of chronic non-cancer pain with opioids have been available for longer than a decade, however, more recent evidence-based guidelines have been created (Chou et al., 2009; Paulozzi, Weisler, & Patkar, 2011).

Additionally, different assessment tools have been used to assess:

- Abuse potential among patients being considered for long-term opioid therapy
- Degree of misuse/abuse among patients taking opioids for some length of time
- Current abuse/dependence of prescription opioids.

A few of these assessment tools have been adapted for use with adolescents (Passik, Kirsh, & Casper, 2008).

²¹ NECAPT. (2012). *Non-Medical Use of Prescription Drugs (NMUPD) Webinar Series - Strategies/Interventions for Reducing NMUPD Use*. Retrieved from: http://www.nhcenterforexcellence.org/pdfs/Strategies_NMUPD.pdf

Local Condition(s) Addressed by this Strategy

There is an over-abundance of excess medication available.

Fit and Feasibility

The Monadnock Regional Network has created modules to educate physicians on the proper prescribing practices for medication. The Nashua Network wants to educate the physicians and dentists in the Region through a statewide marketing campaign and to offer them Medical CEU's for this training. The goal is to reduce over-prescribing, which was identified as a root cause to the prescription drug epidemic in the Region. This strategy is in coordination with the statewide *Call to Action: Responding to New Hampshire's Prescription Drug Abuse Epidemic*.²²

Friendly PEERsuasion²³ (See page 3 of Appendix C)

Program Description

Friendly PEERsuasion is a two-phase program part of Girls Inc. that helps girls build knowledge and skills for resisting negative peer pressure and learn healthy ways to manage stress and how to deflect from factors that contribute to substance use. Participants also build leadership skills that help them plan and implement substance use prevention activities with groups of younger children.

Local Condition(s) Addressed by this Strategy

Teens do not realize the risks of using prescription drugs as a "quick fix".

Fit and Feasibility

Girls Inc. will only need funding to implement the program. This strategy is for females only.

Life of an Athlete^{24,25} (See page 4 of Appendix C)

Program Description

The American Athletic Institute's Life of an Athlete prevention/intervention series is a five-step high school program designed to confront chemical health issues and impact the problems that face today's student-athlete.

Local Condition(s) Addressed by this Strategy

Perceived lack of consequences for marijuana, teens do not realize the danger of using prescription drugs as a "quick fix," parents and youth do not think underage drinking is harmful.

Fit and Feasibility

All eight of the school districts in the Greater Nashua Region want to participate in Life of an Athlete. There has been one training already, two are scheduled and a follow-up is needed for youth mentors.



²² NH Center for Excellence. (2011). *Call to Action: Responding to New Hampshire's Prescription Drug Abuse Epidemic*. Retrieved from: http://www.nhcenterforexcellence.org/pdfs/Rx/Call_to_Action_complete.pdf

²³ Girls Inc. *Friendly PEERsuasion*. Retrieved from: <http://www.girlsinc.org/about/programs/friendly-peersuasion.html>

²⁴ American Athletic Institute. (2006). *Life of an Athlete*. Retrieved from: <http://www.americanathleticinstitute.org/highschool/life-of-athlete.html>

²⁵ Underwood, John. American Athletic Institute. *What's Life of an Athlete All About?* Retrieved from: <http://www.altoona.k12.wi.us/schools/high/LOA.pdf>

Level 1: Media Power Youth Crew (See page 6 of Appendix C)

Program Description

The afterschool programs teach teens to produce media with healthy messages by providing the opportunity to use both traditional and emerging media safely, responsibly and creatively to promote healthy lifestyles. Media education combined with media production may result in personal changes, such as improvements in self-esteem, taking responsibility for one's life, sharing experiences with others and learning the ability to express oneself (Brown & Walsh-Childers, 2002). Through our production prevention education model, Media Power Youth provides an engaging, creative, and innovative way to not only teach prevention of at-risk behaviors and promotion of healthy choices, but also to give a voice to students to be heard by their peers, families and communities.

Local Condition(s) Addressed by this Strategy

- Parents view underage drinking as a 'rite of passage.'
- Parents and youth do not think underage drinking is harmful.
- Youth do not believe there are real legal consequences for misusing prescription drugs.
- There is no counter publicity regarding marijuana.

Fit and Feasibility

Media Power Youth will be implementing at the Boys and Girls Club of Souhegan Valley. This will be open region-wide to empower youth to get involved in the work of the membership coalitions.

Level 2: Media Power and You in Action²⁶ (See page 7 of Appendix C)

Program Description

In this hands-on, in depth program, multi-week program, middle/high school, youth will engage in research about underage substance use and media literacy activities focused one or several health topics (i.e. violence, bullying, alcohol, tobacco, and other substance use, healthy eating, body image) and then apply skills learned to develop, produce, and disseminate a positive media message about the prevention of at-risk behaviors and benefits of pro-social/healthy behaviors. Participants will be empowered to: think critically about media messages and how they portray and normalize substance use, create their own positive media messages, advocate with their self-created media, make connections between their everyday media use and important health decisions, use media to promote positive messages to their peer groups and communities.



Local Condition(s) Addressed by this Strategy

- Media culture distorts social norms for tobacco, alcohol, prescription drugs and violence.
- Community Norms

Fit and Feasibility

This strategy will be implemented at Nashua Police Athletic League in collaboration with the Nashua Prevention Coalition. This training will be a kick off for the Photovoice Project, which will be sustained by Nashua Police Athletic League (PAL) and promoted regionally.

²⁶ Media Power Youth. Retrieved from: <http://www.mediapoweryouth.org/programs/youth-programs.html>

Level 3: Media Power Youth: Elementary & Middle School Curricula Training²⁷

(See page 5 of Appendix C)

Program Description

Training for teachers is provided by Media Power Youth. Staff are required to meet the evaluation standards and is recommended for all educators using the curriculum. A Teacher's Guide, with twelve lesson plans and all support materials on accompanying DVD with downloadable student handout masters is provided. The curriculum engages students in fun, media-rich lessons through which they develop vital critical thinking and decision-making skills to recognize and resist media's influence on violence, bullying, alcohol & tobacco use and nutrition. Students are empowered to create healthy media messages for positive health behaviors to strengthen their understanding of media's influence as well as their own sense of self. The curriculum is evidence-based and meets health and media literacy curriculum standards with an approach that teachers embrace and parents support.

Local Condition(s) Addressed by this Strategy

- Parents and youth do not think underage drinking is harmful
- Media culture distorts social norms for tobacco, alcohol, prescription drugs and violence

Fit and Feasibility

This request is for capacity building for Media Power Youth Curriculum during year one. Media Literacy for Health will be implemented in upper elementary grades in school year 2013-2014 in selected school districts in Nashua Region. Community education is required to ensure buy-in.

Photovoice Project²⁸ (See pages 8-9 of Appendix C)

Program Description

"Photovoice is a process in which people—usually those with limited power due to poverty, language barriers, race, class, ethnicity, gender, culture, or other circumstances—use video and/or photo images capture aspects of their environment and experiences and share them with others. The pictures can then be used, usually with captions composed by the photographers, to bring the realities of the photographers' lives home to the public and policy makers and to spur change."²⁹



Local Condition(s) Addressed by this Strategy

Community norms

Fit and Feasibility

A Nashua Downtown, "Photovoice Project" will guide youth in discussions about the images of alcohol and tobacco that are prevalent in their community. In less than a mile of the Police Athletic League (PAL) Center, countless images of alcohol and tobacco are abundant in storefronts and window panes. We would like to engage our youth in a study that looks at imaging in their neighborhoods and proximity to the sidewalks, parks, and "safe" places they reside on a regular basis. This information will be shared with community policy makers, in hopes for change to the many passive imaging currently contributing to substance use and abuse. Although the training, footage collection,

²⁷ Media Power Youth. Retrieved from: <http://www.mediapoweryouth.org>

²⁸ Catalani & Minkler. (June 2010). "Photovoice: A Review of the Literature In Health and Public Health." *Health Educ Behav.* 37(3):424-51. Epub 2009 Oct 1.

²⁹ Rabinowitz, P. & Holt, C. *Implementing Photovoice in Your Community*. Retrieved from: http://ctb.ku.edu/en/tablecontents/chapter3_section20_main.aspx

and editing would occur in Nashua, the program's impact far-reaching. Both PSAs and Photovoice products will be easily shared with all of the State.

The Nashua PAL Youth Safe Haven is intentionally located in the heart of Nashua's downtown. Crime, gangs, and the temptations for substance abuse are clear. We engage our members in regular conversation around substance abuse, while providing a safe place for peer discussions, regular activities and strong mentor relationships. We regularly organize community projects, which involve the entire community and help to engage members with positive projects and positive people within their immediate community. Our grassroots intervention efforts are most effective through our collaboration with our local police department. The Nashua PAL Youth Safe Haven, and many other PAL programs, allow our members regular access to sworn members of the Nashua Police Department. Since the inception of our programming, Nashua Police has been a strong partner. Our "PAL Officer" has the ability to track community interactions of members. When a member is arrested, or a family event occurs, and a child's well-being is in question, we are able to insert ourselves with education and support. Our unique relationship with members of the community and downtown location allow us quick access to youth and visual presence in the heart of Nashua's downtown. Children are able to interact, learn, and play with members of Nashua Police, in a safe environment.

Nashua PAL members are ready and excited to make positive changes in their lives and their community. We combat substance abuse every day, through positive programming and keeping children active during after school times. We hope to have a greater influence on the root causes identified, through creating youth directed PSAs. Locally produced, we would hope to have great effect on our community and the community beyond. PAL members will receive the Media Power and You in Action training.

Teen Institute Training for Youth³⁰ (See pages 10-11 of Appendix C)

Program Description

"NH Teen Institute is the only statewide youth empowerment and prevention organization in NH offering year-round leadership skills training, substance abuse prevention education, and support for teens, preteens, and adult advisors who are working together to make a difference in their lives and communities."

Local Condition(s) Addressed by this Strategy

Youth do not think underage drinking is harmful, youth believe there are no health consequences to misusing prescription drugs because they are not well stored or disposed of because they are not illicit drugs, teens do not realize the danger of using prescription drugs as a "quick fix," youth in Nashua believe there are no real legal consequences for misusing prescription drugs, sheer denial of the problem in all age groups (prescription drug abuse), no counter publicity- change normative perception (marijuana), perceived lack of consequences (marijuana).

Fit and Feasibility

Teen Institute will conduct a Greater Nashua Region-specific LIP for six teams in year one, eight in year two and ten in year three.

³⁰ NH Teen Institute. Retrieved from: <http://www.nhteeninstitute.org>

Active Parenting (See pages 12-13 of Appendix C)



Active Parenting of Teens³¹

Program Description

Families in Action uses a family systems approach in which parents and teens learn skills to increase protective factors that prevent and reduce alcohol, tobacco, and other drug use; irresponsible sexual behavior and violence.



Active Parenting NOW³²

Program Description

A video-based education program targeted to parents of 2 to 12 year-olds who want to improve their parenting skills. The program teaches parents how to raise a child by using encouragement, building the child's self-esteem, and creating a relationship with the child based upon active listening, honest communication, and problem solving. It also teaches parents to use natural and logical consequences to reduce irresponsible and unacceptable behaviors.

Local Condition(s) Addressed by this Strategy

Parents do not secure alcohol in the home, parents view underage drinking as a "rite of passage."

Fit and Feasibility

The program is conducted at our handicapped accessible building located in downtown Nashua, which is also close to the bus transfer station. In 2011, 77.6% of parents attending this program were from Nashua, and 22.4% were from surrounding communities, most often Hudson and Merrimack.

The greatest challenge has been to keep the program going with the loss of \$10,368 in funding from the NH Bureau of Drug and Alcohol Services, which equated to 38.5% of the program budget. The Region's board of directors voted to use cash reserves to keep the program going at full capacity this year. Without additional resources, we will be unable to deliver the program in its current form. The total budget for this fiscal year to serve upwards of 50 parents and 100 children per year is \$26,892. The Region is seeking \$10,500 in funds to continue this well-regarded, effective program.

DrinkStory.com (See page 14 of Appendix C)

Program Description

DrinkStory.com is a website where college aged young adults, can blog about the use and trends related to alcohol use.

Local Condition(s) Addressed by this Strategy

Community norms

Fit and Feasibility

The Greater Manchester Region and the Greater Nashua Region partnered on this initiative several years ago and plan to revitalize it with professional assistance from a marketing firm that can enhance the site so that it is more inviting and user-friendly to this risk-taking population. DrinkStory.com is a joint effort between the Greater Nashua and Greater Manchester Regions. Jointly, the Regions would like to build capacity regionally and then expand this strategy statewide. DrinkStory.com was fully operational until 2010, but is now inactive due to a lack of funding.

³¹ NREPP. *Active Parenting of Teens*. Retrieved from: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=168>

³² NREPP. *Active Parenting Now*. Retrieved from: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=110>

Media/Social Marketing Campaign^{33, 34} (See page 15 of Appendix C)

Program Description

Using mass media to increase public concern about use and change normative perceptions.



Local Condition(s) Addressed by this Strategy

Parents do not secure alcohol in the home, older siblings and friends purchase alcohol for minors, underage drinking as a "rite of passage", conflicting messages about the harms and benefits of marijuana use, perceived lack of consequences related to use, the general population does not lock their medications.

Fit and Feasibility

The Regional Network will create and distribute regional PSAs addressing how parents can have non-alcoholic parties, the unknown consequences of underage drinking such as loss of financial aid, regional Youth Risk Behavior Survey (YRBS) results and substance-related laws, the *211 Tipline* and proper storage of prescription drugs.

Fostering Healthy Choices through Juvenile Court/Diversion (See page 16 of Appendix C)

Program Description

This prevention/early intervention model offers a vital service to local police who would otherwise only give a warning to the youths or fully prosecute them in district court; ensures parent involvement through a family assessment and follow-up; addresses issues that may have led to the arrest, such as substance use, anger management and school difficulties; enables District Court to focus on those youth seriously in need of court intervention. Through the police and local adult and teen volunteers, first-time, minor offenders are held accountable while earning a second chance at avoiding a juvenile criminal record. Youth are referred for delinquent offenses such as trespassing, threatening, assault, possession of alcohol or other drugs, vandalism or for shoplifting.

Local Condition(s) Addressed by this Strategy

Parents are unaware of the penalties for furnishing alcohol in their homes, denial of the problem in the community, teens do not realize the risks of using prescription drugs as a "quick fix."

Fit and Feasibility

The Youth Council began Court Diversion 30 years ago with Nashua District Court and Police as an alternative community response for youth they arrested in Nashua. The Region began serving Hudson and Merrimack Police Departments in 2002, and now also accept cases from Hollis (2006) and Litchfield Police (2008). The Region believes that it is critical to assist area youth in getting back on track so as to avoid further criminal acts that could ultimately lead to incarceration at a significant emotional toll on the youth and tax burden to the community.

Permanent Prescription Drug Disposal Locations³⁵ (See page 17 of Appendix C)

Program Description

This program intends to establish permanent prescription drug drop box locations across NH. These sites will provide NH residents with the ability to dispose of unwanted or expired pharmaceutical drugs from households and residences in a safe, accessible, and convenient manner. This initiative will help to reduce access to addictive drugs by individuals, specifically children.

³³ NECAPT. (2012). *Marijuana Webinar Series, Strategies/Interventions for Reducing Marijuana Use*. Retrieved from: http://www.nhcenterforexcellence.org/pdfs/Marijuana_Strategies_Interventions.pdf

³⁴ NECAPT. (2012). *Non-Medical Use of Prescription Drugs (NMUPD) Webinar Series - Strategies/Interventions for Reducing NMUPD Use*. Retrieved from: http://www.nhcenterforexcellence.org/pdfs/Strategies_NMUPD.pdf

³⁵ Chapter Jus 1600, *Procedures for Pharmaceutical Drug Collection and Disposal Programs*, Interim Rules, November 17, 2011.

Local Condition(s) Addressed by this Strategy

Most people do not know how to properly dispose of their medication.

Fit and Feasibility

The Greater Nashua Regional Network will work with nine police departments to establish permanent drop boxes in strategic locations in the Region so that all citizens have access to proper disposal methods to reduce the access to unused and unwanted medications. Police departments are anxiously waiting to see how the rulemaking process will provide support to the departments. The Region will then be able to move forward and begin to solicit social service organizations to sponsor boxes, knowing that there will be the expenses of labels, signage, disposal, video cameras, and other costs related to this initiative. If unsuccessful raising funds within the community, the Region knows the full price without disposal costs is \$1,300 each. The plan is to implement in three communities each year.

This strategy is part of the *Call to Action*³⁶ by the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment, and is being nationally evaluated for effectiveness. We have been participating in all Drug Enforcement Agency take-back events with substantial success. This will ensure that residents are not hoarding medications from one event to the other, which is quite unsafe.



Coalition-Building and Communities Mobilizing for Change on Alcohol (CMCA) Model for Community Organizing^{37,38}

(See page 18 of Appendix C)

Program Description

Community coalitions are popular vehicles for health promotion. Coalitions can be used to conduct needs assessments, mobilize resources, select and implement strategies, and complete evaluations. This method has demonstrated effectiveness for alcohol and other drug use in general (as cited in Brounstein, Zweig, and Gardner, 1998) and marijuana use specifically (Spath et al., 2007), although it is important to note that in this study, the coalition was offered a small menu of strategies and proactive technical assistance through a cooperative grant with a local university. Community coalitions are successful when they have a clear, shared vision of the coalition's objective, have committed partnerships and active participation from various community sectors, and utilize a broad menu of prevention strategies (as cited in Brounstein, Zweig, and Gardner, 1998).³⁹



CMCA is a community-organizing model that employs a range of social-organizing techniques to address legal, institutional, social, and health issues related to underage drinking. The model involves community members in seeking and achieving changes in local public policies and the practices of community institutions that can affect youths' access to alcohol.

Local Condition(s) Addressed by this Strategy

There is no coalition coverage in the Hudson/Litchfield area.

³⁶ NH Center for Excellence (2011) *Call to Action: Responding to New Hampshire's Prescription Drug Abuse Epidemic*. Retrieved from http://www.nhcenterforexcellence.org/pdfs/Rx/Call_to_Action_complete.pdf.

³⁷ University of Minnesota, Alcohol Epidemiology Program. Retrieved from <http://www.epi.umn.edu/alcohol/cmca/index.shtml>.

³⁸ National Registry of Evidence-based Programs and Practices (NREPP). *Coalition-Building and Communities Mobilizing for Change on Alcohol (CMCA) Model for Community Organizing*. Retrieved from <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=117>.

³⁹ NECAPT. (2012). *Non-Medical Use of Prescription Drugs (NMUPD) Webinar Series - Strategies/Interventions for Reducing NMUPD Use*. Retrieved from: http://www.nhcenterforexcellence.org/pdfs/Strategies_NMUPD.pdf

Fit and Feasibility

The towns of Litchfield, Hudson, Londonderry and Derry will be building coalitions while implementing the CMCA model. This will be a collaborative effort with Greater Rockingham County Region because two of the towns that naturally align fall in the Greater Nashua Region (Litchfield and Hudson) and two fall in Greater Rockingham County Region (Londonderry and Derry). The coalitions will be using a showing of the documentary, *Who Cares About Kelsey?*, as a catalyst to kick off the coalition-building activities.

Regional Network Capacity Building

Regional efforts include Buyers Beware, CMCA, ongoing technical assistance and collaboration to the three existing and one proposed coalition in the Region, DrinkStory.com, Life of an Athlete, permanent prescription drop boxes, media campaigns, policy advocacy, annual meeting, funding for high school YRBS in all eight school districts and building capacity and consensus for one survey tool to be used statewide for middle schools. These efforts will require coordination by the Greater Nashua Regional Network, Beyond Influence. The Network must obtain funding for a half-time administrative assistant to support the successful coordination of these efforts. United Way of Greater Nashua is able to provide in-kind by way of office space and office supplies for this position.

Assessment

This *Strategic Plan for Prevention* is driven by existing data, however, throughout this comprehensive process the Region has identified gaps. The Region was engaged in ongoing assessment to identify and collect further data required for effective decision making.

VI. Strategy Alignment to Goals & Objectives

The Greater Nashua Regional Network has determined the strategies that will best meet their substance use prevention goals and objectives. Multiple goals and objectives can be efficiently targeted by a strategy. The following tables show the various strategies that have been chosen and the goals and objectives they target. The description of each objective can be found earlier in the plan on pages 14-15.

GOAL 1	Decrease underage drinking among high school aged youth in the Greater Nashua Region by 2015.
GOAL 2	Decrease marijuana use among high school aged youth in the Greater Nashua Region by 2015.
GOAL 3	Decrease non-medical use of prescription drugs among high school aged youth in the Greater Nashua Region by 2015.

Goals and Objectives Targeted by Each Strategy

Objectives	Goal 1 (Alcohol)						Goal 2 (Marijuana)						Goal 3 (Rx Drugs)					
	a	b	c	d	e	f	a	b	c	d	e	f	a	b	c	d	e	f
Buyers Beware	x																	
Big Brothers Big Sisters Mentoring Program (2 Levels)	x						x	x	x					x				
Change Prescriber Practices - Trainings for Providers													x					
Friendly PEERsuasion														x	x			
Life of an Athlete	x						x	x	x					x	x			
Media Power Youth Crew		x						x						x	x			
Media Power and You in Action			x						x					x	x			
Media Power Youth: Elementary & Middle School Curricula Training		x						x						x	x			
Photovoice Project		x	x															
Teen Institute Training for Youth		x	x											x	x			
Active Parenting (Active Parenting NOW and Active Parenting of Teens)	x	x	x															
DrinkStory.com		x	x															
Media/Social Marketing Campaign	x	x	x				x	x	x				x					
Fostering Healthy Choices through Juvenile Court/Diversion	x													x				
Permanent Prescription Drug Disposal Locations													x					
Coalition-Building and Communities Mobilizing for Change on Alcohol(CMCA) Model for Community Organizing					x	x					x	x					x	x
Regional Network Capacity Building					x	x					x	x					x	x
Assessment				x						x						x		

VII. Action Plan

Aligning existing community resources and assets with selected strategies helps outline the Region's *Action Plan* for implementation. This *Action Plan* outlined in the following tables includes the sector that will implement each strategy, the domain in which the strategy will be implemented, the lead organization that will implement the strategy, their level of commitment, the location where the strategy will be implemented, the service population that will be the recipients of the strategy, the Institute of Medicine (IOM) Prevention Category that the strategy falls under, and target dates for each strategy.

- **Sector**

Each community sector has a role in substance abuse prevention. The core community sectors identified in this plan include the state's five core sectors -- Health & Medical, Business, Government, Law Enforcement & Safety, and Education -- as well as Cultural- or Faith-Based Groups and other Community Supports.

- **Domain**

Selected strategies are implemented in one or more of five global prevention domains: community, school, family, peer and individual. A plan that includes strategies in multiple domains will effect change at multiple levels.

- **Lead Organization and Level of Commitment**

Community organizations have been identified at various levels of commitment from leadership to collaboration to having been identified as having the capacity and readiness to fully implement a strategy.

- **Location**

Each strategy will either be implemented in specific sub-regions within the Region or the entire Region, or as part of a statewide strategy.

- **Service Population**

The service population is the group of people who receive the intervention. Strategies will provide prevention services to multiple populations.

- **Target Dates**

Some strategies are currently being implemented and will be sustained throughout the next three years, while others will be implemented when additional funding becomes available.

- **Institute of Medicine Prevention Categories**

Universal: Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk. Universal prevention strategies address the entire population (national, local community, school, and neighborhood) with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs.



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Universal Direct: Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, afterschool program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).

Universal Indirect: Interventions support population-based programs and environmental strategies (e.g., establishing alcohol and other drug policies, modifying alcohol and other drug advertising practices). This also could include interventions involving programs and policies implemented by coalitions.

Selective: Activities targeted to individuals or a subgroup of a population whose risk of developing a disorder is significantly higher than average. Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment-for example, children of adult alcoholics, dropouts, or students who are failing academically.

Indicated: Activities targeted to individuals, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels. Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet *Diagnostic and Statistical Manual of Mental Disorders 4th edition* (DSM-IV) criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs.

Greater Nashua Region Action Plan

Sector	Domain	Strategy	Lead Organization by Level of Commitment		Location	Service Population	IOM	Start Date	End Date
H Youth, Regional Network/ Membership Coalition	C	Buyers Beware	Greater Nashua Regional Network with all coalitions & partners in the Region	1, 2	Statewide, Region-wide	General Population, High School Students, Parents/Families	U I	Sep 1, 2012	Aug 31, 2015
			Community Action for Safe Teens	2					
			Merrimack Safeguard	2					
			Nashua Prevention Coalition	2					
E S	C S F I	Big Brothers Big Sisters Mentoring Program (2 Levels)	Big Brothers Big Sisters (BBBS) of Greater Nashua	1, 2	Region-wide, Sub-regional	COSAs/ Children of Substance Abusers, Delinquent/ Violent Youth, Economically Disadvantaged Youth/Adults, Middle/Junior High School Students, Youth/Minors	S I	Sep 1, 2012	Aug 31, 2015
			Youth Council	2					
H Regional Network	I	Change Prescriber Practices – Trainings for Providers	Greater Nashua Regional Network with the existing coalitions & partners in the Region	1, 2	Statewide, Region-wide	Health Professionals	UD	Sep 1, 2012	Aug 31, 2015

SECTORS

- H** Health & Medical
- L** Law Enforcement & Safety
- E** Education
- G** Government
- B** Business
- C** Cultural- or Faith-Based
- S** Community Supports

DOMAINS

- C** Community
- S** School
- F** Family
- P** Peer
- I** Individual

LEVELS OF COMMITMENT

- 1:** Committed to implementing this strategy as lead
- 2:** Committed to implementing this strategy as part of a collaborative effort
- 3:** Identified as having capacity to implement this strategy but has not committed to implementation

INSITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)

- U** Universal
- UD** Universal Direct
- UI** Universal Indirect
- S** Selective
- I** Indicated

Sector	Domain	Strategy	Lead Organization by Level of Commitment		Location	Service Population	IOM	Start Date	End Date
S	P I	Friendly PEERsuasion	Girls Inc. of NH	1	Region-wide	Middle/Junior High School Students, Other	S	Sep 1, 2012	Aug 31, 2015
E Regional Network, Coaches, Administrators, Athletes	S P I	Life of an Athlete	Greater Nashua Regional Network with coalitions, partners, school districts	1, 2	Statewide, Region-wide	Health Professionals, High School Students, Parents/ Families, Teachers/ Administrators/ Counselors, Other	UD	Sep 1, 2012	Aug 31, 2015
S	C P I	Media Power Youth Crew	Media Power Youth	2	Region-wide	Economically Disadvantaged Youth/Adults, General Pop., Middle/Junior High School Students	UI	Sep 1, 2012	Aug 31, 2015
S Regional Network	C P I	Media Power and You in Action	Media Power Youth	1, 2	Region-wide	General Population, High School Students, Middle/Junior High School Students	UI	Sep 1, 2012	Aug 31, 2015
			Nashua Police Athletic League Youth Safe Haven, Nashua Prevention Coalition, Greater Nashua Regional Network	2					

SECTORS

- H** Health & Medical
- L** Law Enforcement & Safety
- E** Education
- G** Government
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- C** Community
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Sector	Domain	Strategy	Lead Organization by Level of Commitment		Location	Service Population	IOM	Start Date	End Date
<div>S</div> <div>E</div>	<div>S</div> <div>P</div> <div>I</div>	Media Power Youth: Elementary & Middle School Curricula Training	Media Power Youth	1, 2	Region-wide	Civic Groups/ Coalitions, Middle/ Junior High School Students, Teachers/ Administrators/ Counselors	S	Sep 1, 2012	Aug 31, 2015
<div>L</div> <div>S</div>	<div>C</div> <div>P</div> <div>I</div>	Photovoice Project	Nashua PAL Youth Safe Haven	1, 2	Sub-regional: City of Nashua	Delinquent/Violent Youth, Economically Disadvantaged Youth/Adults, Youth/Minors	UI	Sep 1, 2012	Aug 31, 2015
			Nashua Prevention Coalition	2					
<div>S</div> <div>Regional Network/ Membership Coalition</div>	<div>P</div> <div>I</div>	Teen Institute Training for Youth	NH Teen Institute	1	Region-wide	Highs School Students	U	Sep 1, 2012	Aug 31, 2015
			Beyond Influence	1					
<div>L</div> <div>E</div> <div>G</div>	<div>F</div>	Active Parenting (Active Parenting NOW & Active Parenting of Teens)	The Youth Council	1	Region-wide	Parents/Families	UD	Sep 1, 2012	Aug 31, 2015

SECTORS	DOMAINS	LEVELS OF COMMITMENT	INSITITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)
<div>H</div> Health & Medical <div>L</div> Law Enforcement & Safety <div>E</div> Education <div>G</div> Government <div>B</div> Business <div>C</div> Cultural- or Faith-Based <div>S</div> Community Supports	<div>C</div> Community <div>S</div> School <div>F</div> Family <div>P</div> Peer <div>I</div> Individual	1: Committed to implementing this strategy as lead 2: Committed to implementing this strategy as part of a collaborative effort 3: Identified as having capacity to implement this strategy but has not committed to implementation	U Universal UD Universal Direct UI Universal Indirect S Selective I Indicated

Sector	Domain	Strategy	Lead Organization by Level of Commitment		Location	Service Population	IOM	Start Date	End Date
Regional Network/ Membership Coalition	 	DrinkStory.com	Mesh Interactive Agency	1, 2	Statewide	College Students	UI	Sep 1, 2012	Aug 31, 2015
			Greater Nashua Regional Network	1, 2					
			Makin' It Happen	1, 2					
Regional Network/ Membership Coalition		Media/Social Marketing Campaign	Greater Nashua Regional Network	1	Region-wide	Community at large	U	Sep 1, 2012	Aug 31, 2015
			Allies in Substance Abuse Prevention	1					
  		Fostering Healthy Choices through Juvenile Court/ Diversion	The Youth Council	1	Region-wide	Delinquent/ Violent Youth, Parents/ Families, People Using Substances, Youth/Minors	I	Sep 1, 2012	Aug 31, 2015
		Permanent Prescription Drug Disposal Locations	Greater Nashua Regional Network	1, 2	Statewide, Region-wide	General Population	UD	Sep 1, 2012	Aug 31, 2015

SECTORS	DOMAINS	LEVELS OF COMMITMENT	INSITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)
H Health & Medical L Law Enforcement & Safety E Education G Government B Business C Cultural or Faith Based S Community Supports	C Community S School F Family P Peer I Individual	1: Committed to implementing this strategy as lead 2: Committed to implementing this strategy as part of a collaborative effort 3: Identified as having capacity to implement this strategy but has not committed to implementation	U Universal UD Universal Direct UI Universal Indirect S Selective I Indicated

Sector	Domain	Strategy	Lead Organization by Level of Commitment		Location	Service Population	IOM	Start Date	End Date
H L E B G C S	C S	Coalition Building & Communities Mobilizing for Change on Alcohol (CMCA) Model for Community Organizing	Litchfield School District	1	Sub-regional: Litchfield, Hudson, Londonderry, Derry	Civic Groups/ Coalitions	UI	Sep 1, 2012	Aug 31, 2015
			Beyond Influence	2					
			Allies in Substance Abuse Prevention	2					
Regional Network/ Membership Coalition	C S F P I	Regional Network Capacity Building	Greater Nashua Regional Network	1	Region-wide	Not Applicable	UD UI	Jul 1, 2012	Jun 30, 2012
Regional Network/ Membership Coalition	C S F P I	Assessment	Greater Nashua Regional Network	1	Region-wide	Not Applicable	UD UI	Jul 1, 2012	Jun 30, 2012

SECTORS

- H** Health & Medical
- L** Law Enforcement & Safety
- E** Education
- G** Government
- B** Business
- C** Cultural- or Faith-Based
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VIII. Logic Model

In order for the Greater Nashua Regional Network to reach the substance use prevention goals that they identified, they chose strategies relevant to objectives that, when implemented, would ultimately lead to a reduction in the identified substance use problems in the Region—namely, alcohol misuse and abuse, marijuana use, and prescription drug misuse and abuse. The particular strategies have been carefully chosen as ones that the community expects to produce the positive outcomes in the reduction of substance abuse misuse and disorder.

The theory of change showing the relationship between problems, resources, activities and outcomes is depicted in the logic model on page 41. The logic model is being used to demonstrate to the community and other stakeholders the way in which the Region will achieve its identified goals. It answers the question, “What are the short, intermediate and long-term changes that should be seen as a result of the strategies implemented?”

Starting from the left side, the logic model is read as “if-then” statements. In the Greater Nashua Regional Network the logic model starts with the inputs that are being supplied to support the Regional Network’s prevention strategies. The logic follows that if these inputs are available to the Region, then the 18 identified strategies to reach the goals will be implemented. If the strategies are implemented, then the desired outputs will be realized over time.



OUTPUTS

- Evidence-based, research-based and innovative strategies are implemented with fidelity to the *Action Plan*
- The five core sectors in the region are engaged in implementation of strategies
- A diverse group of people are being served by strategies in the Region

If the outputs are achieved, then the Region should see evidence of changes happening in the short term, as short-term outcomes:



SHORT-TERM OUTCOMES

- Increased awareness knowledge and skills among regional network membership, across the five core sectors and community prevention participants as they relate to regional network priority risk and protective factors
- Increased collaborative activity around prevention activities in the Region
- Increased overall trust among prevention partners in the Region
- Increased community readiness and capacity to address prevention of alcohol, marijuana and prescription drug misuse across the five sectors
- Increased collection and dissemination of substance use data to stakeholders in the region
- Increased leadership and membership in the coalition

If these short-term outcomes occur, they will then lead to the following intermediate outcomes:



INTERMEDIATE OUTCOMES

- Increased perception of risk of harm of alcohol, marijuana, and non-medical prescription drug use among high school aged youth
- Decreased ease of access to alcohol and non-medical prescription drugs among high school aged youth
- Increased perception of wrongness of alcohol, marijuana and non-medical prescription drug use among high school aged youth
- All towns across the region represented by a substance use coalition
- Substance use data used routinely for assessment, program improvement and policy decisions among school administrators and local government in the region

Finally, if the intermediate outcomes occur, they will lead to the following long-term outcomes which are essentially the substance use prevention goals of the Greater Nashua Regional Network:



LONG-TERM OUTCOMES

- Decreased use of alcohol among high school aged youth in the region
- Decreased use of marijuana among high school aged youth in the region
- Decreased non-medical prescription drug use among high school aged youth in the region

Thus, by implementing the chosen strategies for the duration of the strategic plan, a series of changes are expected to occur in the Region, whereby the substance use prevention goals for the Region will be met.

The logic model will also be used as a roadmap to keep the Region's prevention partners informed of the outcomes. Data will be collected and analyzed to measure each of the outcomes described. Data will be reviewed to determine if the strategies are, in fact, leading to the desired outcomes. If the data show that the outcomes (or milestones) are not being reached, the Region will assess why and make an alternate plan to better reach outcomes.

Logic Model: Greater Nashua Regional Network

Inputs	Strategies	Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
AOD Services	Buyers Beware	Evidence-based, research-based and innovative strategies are implemented with fidelity to the Action Plan	Increased awareness knowledge and skills among Regional Network membership, across the 5 core sectors & community prevention participants as they relate to Regional Network priority risk and protective factors in the Region	Increased perception of risk of harm of alcohol, marijuana, and non-medical prescription drug use among high school aged youth in the Region	Decreased use of alcohol among high school aged youth in the Region by 2015
Community Inputs	Big Brothers Big Sisters Mentoring Program-2 Levels	The five core sectors in the region are engaged in implementation of strategies	Increased collaborative activity around prevention activities in the Region	Decreased ease of access to alcohol and non-medical prescription drugs among high school aged youth in the Region	Decreased use of marijuana among high school aged youth in the Region by 2015
Regional Network Inputs	Change Prescriber Practices—Trainings for Providers	A diverse group of people are being served by strategies in the Region	Increased overall trust among prevention partners in the Region	Increased perception of wrongness of alcohol, marijuana and non-medical prescription drug use among high school aged youth in the Region	Decreased non-medical prescription drug use among high school aged youth in the Region by 2015
State Inputs	Friendly PEERsuasion		Increased community readiness and capacity to address alcohol, marijuana and prescription drug misuse prevention across the five sectors in the Region	All towns across the region represented by a substance use coalition in the Region	
Federal Inputs	Life of an Athlete		Increased collection and dissemination of substance use data to stakeholders in the Region	Substance use data used routinely for assessment, program improvement and policy decisions among school administrators and local government in the Region	
Additional State Inputs	Media Power Youth Crew		Increased leadership and membership in the coalition		
New Hampshire Charitable Foundation Funding	Media Power and You in Action				
Center for Excellence quality improvement toward best practices, programs, and policies provided via TA and Learning Collaboratives	Media Power Youth: Elementary & Middle School Curricula Training				
Regional Network Evaluator	PhotoVoice Project				
Governor's Commission Prevention Task Force	Teen Institute Training for Youth				
State Epi Outcome Workgroup (SEOW)	Active Parenting				
State level partnerships invested in regional system	DrinkStory.com				
Certification training and process	Media/Social Marketing Campaign				
NH Training Institute	Fostering Healthy Choices through Juvenile Court/ Diversion				
	Permanent Prescription Drug Disposal Locations				
	Coalition-Building and Communities Mobilizing for Change on Alcohol (CMCA) Model for Community Organizing				
	Regional Network Capacity Building				
	Assessment				

IX. Evaluation Plan

In order to measure whether the anticipated outcomes of strategies described in the logic model are met and to what extent, the Greater Nashua Regional Network developed an evaluation plan. The evaluation plan answers the question, “What measures—such as tests, surveys or external data collection methods—are needed to assess progress and how often will the data be collected?”

The evaluation plan describes the outcomes that will be measured and methods that will be employed to gather data for each measure. As the Region implements strategies with each of its partner organizations, additional detail will be added to the evaluation plan, describing more specific tools and methods.

In some cases, indicators for outcomes to be measured do not currently have baseline data available in order to calculate a percentage change in outcome measurement. As implementation of strategies commences, the evaluation plan will be refined to determine specific targeted outcome measurements.

Outcome to Measure	Data to be Collected	Measurement Tool	Timing of Administration
Process Outcomes			
Number and types of strategies implemented (with fidelity to implementation plan)	Strategy names, description of strategy.	NH State Prevention Database	Ongoing
Strategies implemented with fidelity to implementation plan	Fidelity measurement	TBD	TBD
Number and percent of 5 core sectors represented in programs, meetings, activities	Names and sectors of people attending programs, meetings, activities	NH State Prevention Database	Ongoing
Number and type of people served by strategies	Names and sectors of people participating in programs and other strategies	NH State Prevention Database	Ongoing
Short-Term Outcomes			
Increased Coalition member satisfaction and trust	Extent coalition members feel that they are valued members and the work of the coalition is effectively meeting goals and objectives	Network Survey to be developed by Center for Excellence, PARTNER Tool	TBD
Increased awareness, knowledge, skills related to priority risk factors among Regional Network membership, across the 5 core sectors and community prevention participants	Extent of awareness of substance use, knowledge of issue and data, skill to address risk factors	Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence	TBD
Increased collaborative activity in the Region	Extent to which members and organizations communicate and work with each other	PARTNER Tool	Annual
Increased community readiness and capacity across the five core sectors in the Region for substance use prevention	Level that community members and organizations are ready to address substance use prevention	Community Readiness Survey	TBD

Greater Nashua Regional Network – Beyond Influence: Strategic Plan for Prevention 2012-2015
Community-Based, Data-Driven Response to Substance Misuse & Disorders

Outcome to Measure	Data to be Collected	Measurement Tool	Timing of Administration
Short-Term Outcomes (continued)			
Increased collection and dissemination of substance use data to stakeholders in the Region	Extent to which substance use data collection has increased and been disseminated to stakeholders including schools and policy makers	Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence, PARTNER Tool	TBD
Increased leadership and membership in the coalition	Extent of increased commitment, participation and number of members in the coalition	Network Survey to be developed by Center for Excellence, PARTNER Tool	TBD
Intermediate Outcomes			
Increased perception of risk of great harm of marijuana use among high school aged youth (Baseline of 33.1% in 2011 to an increase in 2013 to 34.3% in 2015)	Number of high school aged youth who report that people their age who use marijuana put themselves at great risk of harm	YRBS	2013, 2015
Increased perception of wrongness of marijuana use among high school aged youth (Baseline of 53.9% in 2011 to an increase in 2013 to 55.1% in 2015)	Number of high school aged youth who report that it is wrong or very wrong for people their age to use marijuana	YRBS	2013, 2015
Increased perception of risk of great harm of alcohol use among high school aged youth (Baseline of 34.4% in 2011 to an increase in 2013 to 35.6% in 2015)	Number of high school aged youth who report that people their age who use alcohol regularly put themselves at great risk of harm.	YRBS	2013, 2015
Increased perception of wrongness of alcohol use among high school aged youth (Baseline of 58.4% in 2011 to an increase in 2013 to 59.6% in 2015)	Number of high school aged youth who report that it is wrong or very wrong for people their age to use alcohol regularly	YRBS	2013, 2015
Decreased access to alcohol among high school aged youth (Baseline of 42.1% in 2011 to a decrease in 2013 to 40.9% in 2015)	Number of high school aged youth who report that it is very easy to get alcohol if they wanted to	YRBS	2013, 2015
Increased perception of risk of great harm of non-medical prescription drug use among high school aged youth (Baseline of 58.5% in 2011 to an increase in 2013 to 59.7% in 2015)	Number of high school aged youth who report they perceive great risk of harm of using prescription drugs without a doctor's prescription	YRBS	2013, 2015

Greater Nashua Regional Network – Beyond Influence: Strategic Plan for Prevention 2012-2015
Community-Based, Data-Driven Response to Substance Misuse & Disorders

Outcome to Measure	Data to be Collected	Measurement Tool	Timing of Administration
Intermediate Outcomes (continued)			
Increased perception of wrongness of non-medical prescription drug use among high school students <i>(Baseline of 84.1% in 2011 to an increase in 2013 to 85.0% in 2015)</i>	Number of high school aged youth who report that it is wrong or very wrong for people their age to use non-medical prescription drugs	YRBS	2013, 2015
Decreased access to prescription drug without a prescription among high school students <i>(Baseline of 20.6% in 2011 to a decrease in 2013 to 19.6% in 2015)</i>	Number of high school aged youth who report that it would be very easy to get prescription drugs without a doctor's prescription if they wanted to	YRBS	2013, 2015
All towns across the Region are represented by substance use coalitions	Litchfield and Hudson are represented by substance use coalitions	Coalition Survey to be developed by Center for Excellence	TBD
Substance use data used routinely for assessment, program improvement and policy decisions among school administrators and local government in the Region	Extent to which school administrators and members of local government have regular processes and systems to use data	Surveys (including coalition survey and Core Measure Survey) to be developed by Center for Excellence	TBD
Long-Term Outcomes			
Decreased underage drinking among high school aged youth in the Greater Nashua Region by 2015 <i>(Baseline of 27.9% in 2011 to 26.8% in 2015)</i>	Number of high school aged youth who report they used marijuana in the past 30 days	YRBS	2013, 2015
Decreased marijuana use among high school aged youth in the Greater Nashua Region by 2015 <i>(Baseline of 38.9% in 2011 to 37.7% in 2015)</i>	Number of high school aged youth who report they used alcohol in the past 30 days	YRBS	2013, 2015
Decreased non-medical use of prescription drugs among high school aged youth in the Greater Nashua Region by 2015 <i>(Baseline of 11.3% in 2011 to 10.5% in 2015)</i>	Number of high school aged youth who report they used prescription drugs without a doctor's prescription in the past 30 days	YRBS	2013, 2015

X. Strengths & Challenges

The strength of the Greater Nashua Regional Network lies in the partnerships that have been fostered and grown over the past five years during the Strategic Prevention Framework State Incentive Grant (SPF SIG) process. There are four coalitions in this Region, although all are at varying stages of maturity and development, they are devoted to and engaged in substance abuse prevention. The Region is rich in volunteers, collaboration and energy.

Throughout the process, each local coalition within the region was able to analyze its own data, come together with the larger Region, and identify gaps and duplication. The good of the community as a whole was always the overarching goal and no one was at the table asking "what is in it for me?"

The Leadership Team was very active, especially the fiscal agent, which was a tremendous asset. The shared mission was evident and positive support within the community was palpable. Strong leadership was also seen in the presence of a local judge and a very pro-active school principal. They both were engaged in discussions in large group settings that set the tone for professionalism, high standards and community norms.

A small challenge was that a few providers were not only at the table because they care about this initiative, but also to speak to what they had to offer and what they could, as agencies, contribute to the solutions. Advocating for their agencies was understandable given the current funding climate, and our need to not re-invent the wheel. The consultant, coordinator, and leadership team members were able to facilitate the groups in a way that allowed everyone a chance to have input and did not allow for any one agency or organization to dominate the process.

Another challenge was the sheer time consumption of this project amongst other duties assigned simultaneously to the Regional Network Coordinator. While this Region did choose to hire a consultant and a temporary employee for administrative assistance, two of the coalitions applied for the Drug Free Communities (DFC) grant during this time period which was very time consuming for the Coordinator. The DIG and focus group work was still done by the Leadership Team and Coordinator as to continue to build capacity and keep the face-to-face contact with the community which is necessary when coalition building.



XI. Financial Plan

The table below depicts the a one-year budget with the amount of existing funding that currently exists in the Greater Nashua Regional Network, and the amount of funding needed to fully implement the proposed strategies in the Region.

- ✓ The total cost to implement this plan is **\$467,218** per year.
- ✓ Funding in the amount of **\$243,944** currently exists to support this plan.
- ✓ The total amount of funds still needed is **\$223,274**.

Strategy	Existing Funds	Needed Funds	Total
Buyers Beware		\$10,000	\$10,000
Big Brothers Big Sisters Mentoring Program (2 Levels)	\$50,000	\$30,000	\$80,000
Friendly PEERsuasion	-	\$6,400	\$6,400
Media Power Youth	-	\$27,900	\$27,900*
Photovoice Project	\$5,600	\$7000	\$12,600
Teen Institute Training for Youth	-	\$35,700	\$35,700
Active Parenting (Active Parenting NOW and Active Parenting of Teens)	\$16,392	\$10,500	\$26,892
DrinkStory.com	-	\$10,000	\$10,000
Fostering Healthy Choices through Juvenile Court/Diversion	\$87,952	\$25,500	\$113,452
Permanent Prescription Drug Disposal Locations	-	\$3900	\$3900
Coalition-Building and Communities Mobilizing for Change on Alcohol (CMCA) Model for Community Organizing	\$2,000	\$6,000	\$8,000
Regional Network Capacity Building (Administrative Assistant to Regional Network Coordinator)	\$78,000	\$19,968	\$97,968
Meeting Expenses	\$2,000	\$3,000	\$5,000
Fiscal Support	-	\$19,906	\$19,906
Assessment (YRBS Administration)	\$2,000	\$7,500	\$9,500
Total	\$243,944	\$223,274	\$467,218

Financial Plan Justification

Buyers Beware

The Region will implement Sticker Shock and buy billboards to educate the public on the penalties of furnishing alcohol to minors. This program has been in NH for many years and is supported by the State and NH Liquor Commission in collaboration with BDAS.

Big Brother Big Sister Mentoring Program

The school-based program will match 40 Littles with 40 Bigs. The high-risk group will work with the Youth Council to match 10 Littles and Bigs for that indicated population of great need.

Friendly PEERsuation

The program was in the Region but had to be discontinued due to the loss in funding. This will be implemented in four of our middle schools to 11-14 girls in each school.

Media Power Youth

Funding to Media Power Youth: \$ 17,900.

This program costs \$13,600 for a 12-week course for 18-30 youth to make PSAs and then the Regional Network will market those messages. In addition, \$2,500 will be needed for a one-day training to kick-off the Photovoice project with the Nashua Police Athletic League. Media Power Youth will need \$1,800 for capacity to begin working in the Region on marketing the curriculum. The goal is to implement the program in the school year 2013-2014 by training ten educators in the Region for \$3,250. It will cost \$5,250 in year three to educate 15 teachers.

***Funding to the Greater Nashua Regional Network: \$10,000**

The Region will need \$10,000 to purchase air-time, advertisements and marketing materials to promote these messages.

Photovoice

Funds will be used to purchase audio visual equipment and photo printing/software upgrades for the project Photovoice. Nashua Police Athletic League Youth Safe Haven will match this with 244 hours of staff time and room space from their operating budget. This strategy will serve 1,500 youth city-wide in Nashua.

Teen Institute Leaders in Prevention and Summer Programs

This strategy was cut due to budget cuts at the state level. The NH Teen Institute has been working with the NH Center for Excellence to be endorsed as a NH Service to Science Program. The NH Teen Institute will include six teams of middle school students in year one, eight in year two, ten in year three. The initiative will cost \$13,000 in year one. If funding is available for 1-5 teams, teams from the regional middle schools could join other teams from around the state. If funding is available for 6-10 teams, the Region will be able to conduct a full program with Greater Nashua middle school teams. The cost of the Summer Programs, \$22,500, is based on 15-30 high school students. In year two, 50 students will attend and 70 will attend in year three. High school aged participants come from around the state & New England. For the July 2012 Summer Leadership Program, the Region has and is anticipating funding from a variety of sources, including grants, private donations, scholarships from schools and community organizations, and individual participants & their families. There are not currently financial resources in place for a Greater Nashua-specific Summer Leadership Program. Should funds become available, the Region has the capacity for implementation.

Active Parenting

BDAS funds supported \$10,368 of this NREPP program. The Youth Council board approved use of reserve funding for this year, however, they will not be able to continue the program in its current form without a restoration of these funds. This program was lost when BDAS made budget cuts. It would serve 50 parents and 100 children.

DrinkStory.com

Funds would be used to hire a marketing firm to work with local college student interns to develop an app, marketing toolkit, provide marketing and manage DrinkStory.com website. The marketing firm will work with local colleges to set up a plan for students to manage and promote the site. The Greater Manchester Regional Network has committed to match this request. The Greater Nashua Region hopes to acquire \$20,000 for this strategy to promote the site statewide starting in year two.

Permanent Prescription Disposal Locations

This approach will be implemented by the Regional Network for eight permanent drop boxes in the Region. The implementation of this strategy will depend on the rulemaking decisions of the Attorney General's Office. Should they be reasonable for the police departments, the Region will work with the communities to solicit sponsorship of these boxes through social service agencies.

Fostering Healthy Choices through Juvenile Court Diversion

BDAS funds supported \$25,500 of this program. The Youth Council board approved use of reserve funds for this year; however, they will not be able to continue the program in its current form (with great outcomes) without a restoration of these funds. This strategy was lost when BDAS made cuts. This will serve 150 youth and their parents. This group worked with Service to Science (S2S) in 2010 but due to funding stopped the process of writing the grant to apply for more funding to go the distance with S2S.

Communities Mobilizing for Change on Alcohol

Hudson/Litchfield is the one area in the Region with a gap in coverage for prevention services. The Principal at this school is energetic and very engaged. She was at every planning process meeting and is pro-active and like-minded with prevention always at the forefront. She would like to kick off the development of a new coalition with *Who Cares About Kelsey?*, and then pay a stipend to a coordinator for part-time CMCA work in the community to build capacity. CMCA is on the NREPP list.

Administrative Assistant to Regional Network Coordinator

The Regional Network Coordinator will be in need of assistance to implement the media messages, Buyers Beware, Life of an Athlete, prescribing practices, Permanent Prescription Drug Disposal Locations, Data collection, drinkstory.com, and the general mission of being the substance abuse expert in the Region with many state, regional and local meetings.

YRBS Administration

We want to be sure to continue to collect YRBS data and to expand to include Hollis/Brookline and Hudson Districts. This will increase our costs but assure that all eight districts are testing. This data gathering is imperative to the Region, for all agencies involved.

Meeting Expenses

These funds would be to purchase meeting supplies for our annual meeting where we will be unveiling our plan and various key meetings throughout the year.

Fiscal Support

We anticipate that organizations will need to take an indirect of 10% for managing the money, space and programing.

Additional Initiatives

Life of an Athlete

The Region is unclear how much funding will be needed for this initiative. One training has been held and two more are scheduled statewide with all eight regional school districts involved. Funding will be needed for youth leaders and to pay New Hampshire Interscholastic Athletic Association to host the website New Mexico is providing, which cost \$140,000 to develop.

Change Prescriber Practices – Trainings for Providers

The Region is unclear as to how much funding will be needed for this initiative. The training modules have been developed by the Monadnock Region and are available by link. They are working on getting the CMA's for physicians and are working on a dissemination mechanism. The goal is for this to be a region-wide initiative with all physician offices, hospitals and pharmacists. The Region would also like to promote a statewide media campaign.

Tobacco Prevention

While tobacco prevention remains in the strategic plan, the Region did not propose funding for strategies to address this substance due to current funding available to the tobacco coalition.

XII. Conclusions & Next Steps

As the Greater Nashua Regional Network celebrates the accomplishment of engaging the communities in the Region in the development of a data-driven community-based strategic plan, much work will be needed to ensure the strategies outlined will be implemented timely and with fidelity to reach the three-year goals and objectives.

During the final strategic planning meeting on May 14, 2012, the Leadership Team voted not to prioritize any of the proposed strategies as they felt that all the strategies work together to meet the needs in the community and that they were selected to address root causes. They noted that the community input was extensive and intentional. The consensus was the community was well represented and that a thoughtful and quality strategic planning process had been in place and to prioritize one over the other would be to minimize the priorities agreed upon by the community as to what root causes should be addressed and what the needs were. Therefore, the suggested strategies are not in any particular order of importance or priority on this list. All of the root causes are addressed by one or more strategies with this list, which was the goal of the Regional Network. Several of the strategies outlined have already begun or will be implemented within several months after the publication of this plan. Others will require the acquisition of funding before they will start.

The Regional Network will:

- Focus our efforts as needed to acquire additional funding
- Continue to conduct Appreciative Inquiry interviews annually to positively engage the community in prevention and to continue to build off of existing community assets in the future
- Recruit, educate, mobilize for action and sustain the network membership including the five core sectors

The Greater Nashua Regional Network will convene the functional groups previously described; the Resource Information Group (RIG), Data Information Group (DIG), and Operational Efficiency & Sustainability Group (OESG). The RIG will complete an annual resource and capacity inventory covering the five core sectors. The DIG will report annually on data that drives regional priorities. The OESG will conduct annual monitoring evaluation activities in support of reaching the goals and objectives outlined in this plan.

The Network will undergo another round of strategic planning in 2014 to build on the results, momentum and lessons from this current plan.

Thank you for this opportunity to evaluate the needs and resources in the Greater Nashua Region around the important topic area of substance use disorders, specifically prevention and how that affects the health of our community.



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Appendices

Appendix A	Evidence-Based Models Employed During Regional Strategic Planning
Appendix B	Strategic Planning Process: Flow Chart
Appendix C	Strategy Fact Sheets

Supporting Documents

1	Focus Group Notes: Greater Nashua Region
2	Beyond Influence: History and Goals
3	Community Readiness Scores
4	Drug "Take-Back" Statistics for the Greater Nashua Area
5	Root Cause Analysis
6	Sustainability Assessment 2012
7	Root Causes and Strategies
8	Regional Network: Year 1 Work Plan



Supporting documents with additional information specific to the Greater Nashua Region's strategic planning process can be accessed on the NH Center for Excellence's website: www.nhcenterforexcellence.org

For additional information about the Greater Nashua Regional Network visit their website: www.beyondinfluence.org



Appendix A

Evidence-Based Models Employed During Regional Strategic Planning

Strategic Prevention Framework

The Strategic Prevention Framework (SPF) uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span.

The SPF is built on a community-based risk and resiliency approach to prevention and a series of guiding principles that can be utilized at the community level to build capacity for substance abuse prevention, and in so doing, promote resilience and decrease risk factors in individuals, families, and communities.



SAMHSA Strategic Prevention Framework (above)
<http://www.samhsa.gov/prevention/spf.aspx>

SAMHSA SPF Components (right)
<http://www.samhsa.gov/prevention/spfcomponents.aspx>

Appreciative Inquiry

“Appreciative Inquiry is about the co-evolutionary search for the best in people, their organizations, and the relevant world around them. In its broadest focus, it involves systematic discovery of what gives “life” to a living system when it is most alive, most effective, and most constructively capable in economic, ecological, and human terms. AI involves, in a central way, the art and practice of asking questions that strengthen a system’s capacity to apprehend, anticipate, and heighten positive potential.”



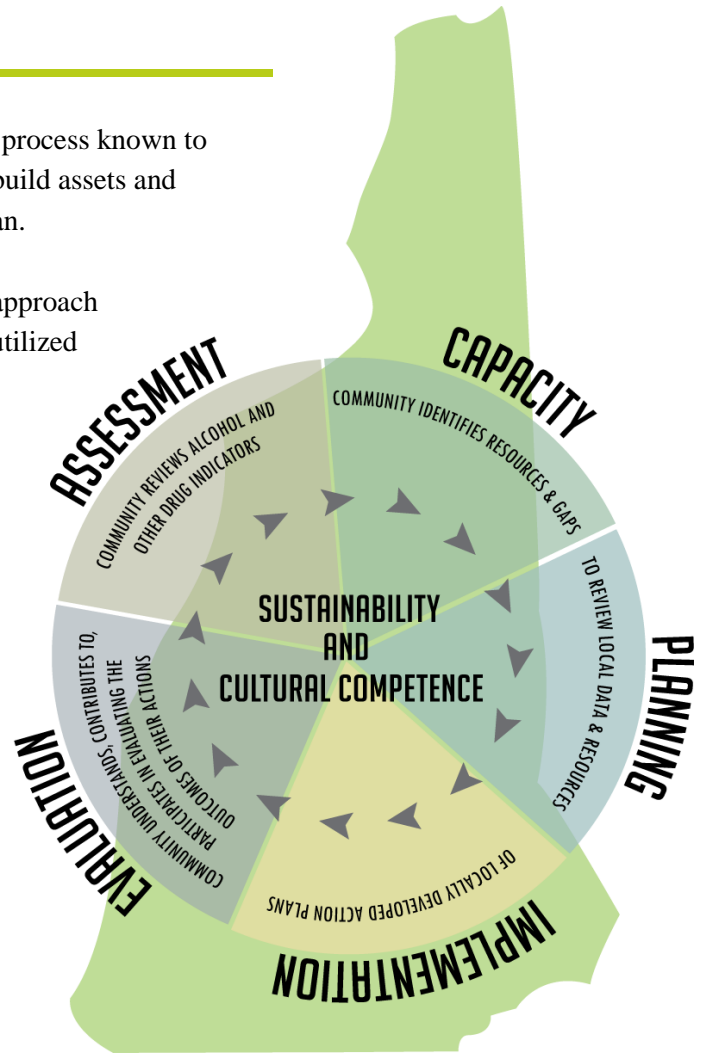
<http://appreciativeinquiry.case.edu/intro/whatisai.cfm>

Communities Mobilizing for Change on Alcohol

“CMCA is a community organizing effort designed to change policies and practices of major community institutions.”



<http://www.epi.umn.edu/alcohol/cmca/index.shtm>



Community-Based Participatory Research

“Community-based participatory research is a ‘*collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities*’”.

- WK Kellogg Foundation Community Health Scholars Program



<http://depts.washington.edu/ccph/commbas.html>

Workgroup Development

Regional Networks recruited representatives from these sectors above and other community sectors such as faith-based organizations and volunteer groups in service to the region’s three-year strategic plan. Network members serve on one of three workgroups and/or the region’s leadership team. The workgroups are the *Data Information Group (DIG)*, the *Resource Information Group (RIG)*, and the *Operational Efficiency & Sustainability Group (OESG)*. These workgroups are tasked with implementing the various steps of the SPF.

PARTNER Tool

PARTNER is a web-based social network analysis tool designed to measure and monitor collaboration among people and organizations. PARTNER allows regions to demonstrate to stakeholders, partners, evaluators, and funders changes in collaborative activity over time and progress among levels of partner organization participation, such as how members are connected, how resources are leveraged and exchanged, levels of trust, and linkage of outcomes to the process of collaboration.

The Five-Sector Model

As noted in the introduction, the New Hampshire Bureau of Drug and Alcohol Services is supporting communities in their awareness of and action to prevent and reduce alcohol and drug abuse through a system of ten regional networks. These networks are comprised primarily of representation from five core sectors that have established ties to and within communities. These core sectors are institutions in virtually every community that serve community members on a daily basis. The core sectors are business, education, law enforcement, health and government. Ancillary sectors within communities that provide supporting roles to these core functions include faith- and community-based organizations that further community well-being and social conscientiousness.



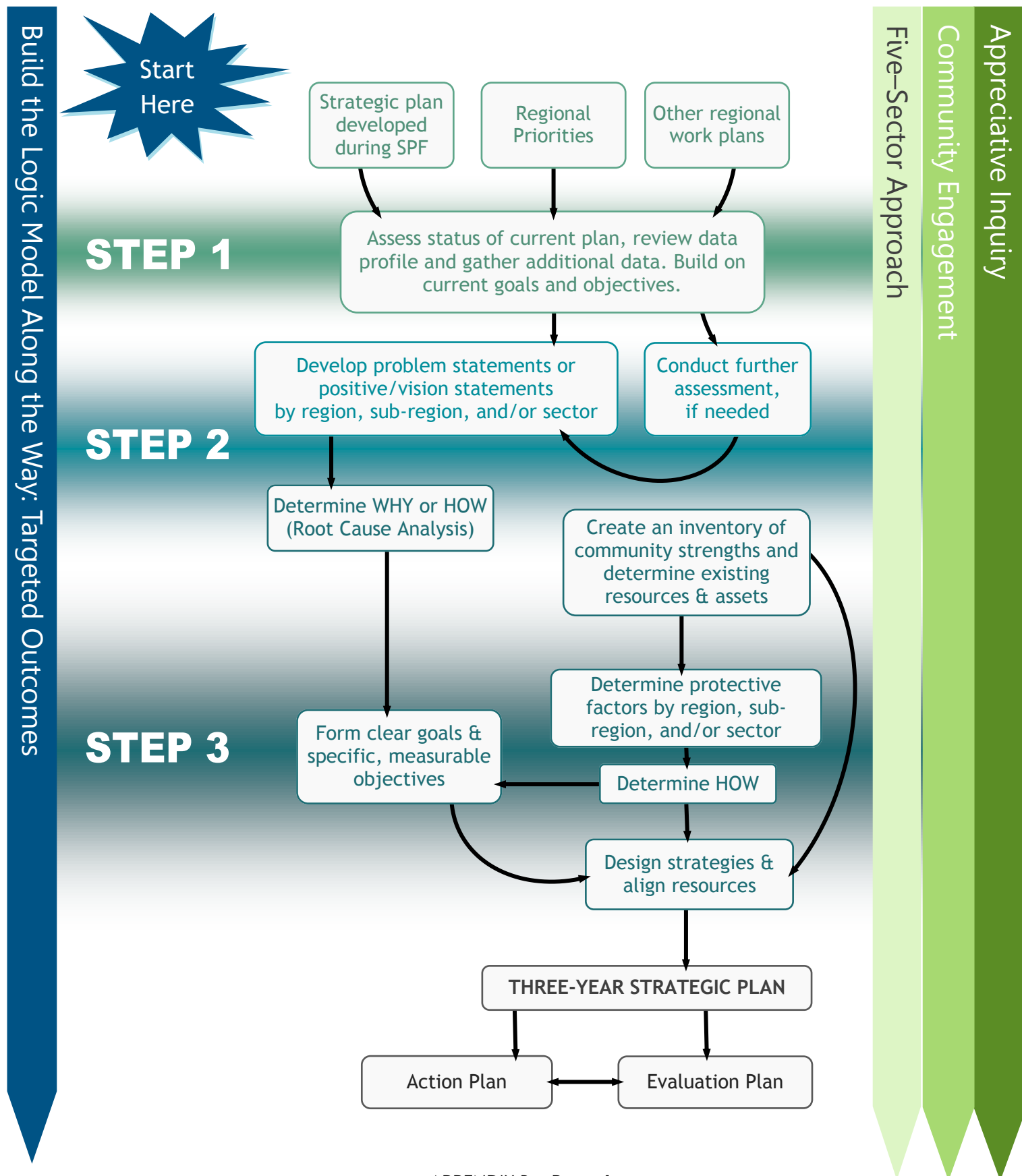
Greater Nashua Regional Network – Beyond Influence: Strategic Plan for Prevention 2012-2015
Community-Based, Data-Driven Response to Substance Misuse & Disorders

Additionally, these five core sectors represent sustained essential services within communities that are highly impacted by substance use. Representatives of these sectors have been recruited to form the nucleus of each network's key work groups. The five core sectors are presented below with examples of engagement pathways considered by regional prevention coordinators.

Core Sector	Focus Populations	Sample Representation
Business	Employers Employees	Chambers of Commerce Risk Management Coordinators of Employers Employee Assistance Programs
Education	Children and Youth Young Adults Parents Other Adults	School Administrators/Guidance Staff Health Services Departments of Colleges/Universities College/Campus Housing Early Childhood Centers
Law Enforcement & Safety	General Public	Police Departments EMTs/Fire Departments Probation/Parole officers Court Liaisons
Health & Medical	General Public Children and Families Older Adults Dual Diagnosed	Mental Health Counselors Primary Care nurses/Physicians Hospital Community Benefits Coordinators Care Coordinators/Medical Home Coordinators
Government & Community	General Public Vulnerable Populations	Town, County Administrators Town Welfare Coordinators Aldermen/Selectmen Health Services Administrators Housing Authorities

Appendix B

Strategic Planning Process for the Regional Network System



Appendix C

Buyers Beware

Buyers Beware is a New Hampshire-based media campaign that was created to address the purchasing of and provision of alcohol to minors by people of legal age.

Target Population: Anyone who is of legal age to purchase alcohol; specifically targeted towards people who have or have considered purchasing alcohol for minors

Type of Strategy: Research-based social marketing campaign

General Activities:

Activities	CSAP Prevention Categories
Participate in Sticker Shock activities	Information Dissemination
Disseminate Buyers Beware printed materials	Information Dissemination
Disseminate Buyers Beware PSA's	Information Dissemination

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Community	Social and retail access to alcohol

Evaluation Outcomes to Date: SAMHSA, OJJDP and the Northeast CAPT support the appropriate use of mass social marketing/media campaigns.

Big Brothers Big Sisters Mentoring Program¹

The Big Brothers Big Sisters Mentoring Program is designed to help youth (“Littles”) reach their potential by being matched with an adult volunteer (“Bigs”) who acts as a role model and provides guidance. The Big and Little agree to meet two to four times per month for at least a year, with get-togethers usually lasting 3 or 4 hours and consisting of mutually enjoyable activities.

Target Population: Youth (6-18 years old)

Type of Strategy: Evidence-based from the National Registry of Evidence-Based Programs and Practices (NREPP).

General Activities:

Activities	CSAP Prevention Categories
Screen volunteers for safety, ability to commit time, and capability of forming positive relationships	Community-Based Process
Provide volunteers with training on developmental stages, communication and limit-setting skills, tips for building relationships, and recommendations on ways to act	Education
Obtain matching preferences from volunteers, youth, and parents	Community-Based Process
Match youth with volunteers	Community-Based Process
Provide supervision by contacting volunteers, parents, and youth within first two weeks of the match; and during first year maintain monthly telephone contact with the volunteer and parent and/or youth and at least 4 contacts with youth; after first year contact with participants can be reduced to quarterly	Community-Based Process

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors	Protective Factors
Individual	Aggressive behavior, drug use, communication issues, lying, trust issues, anger, lack of interest in school	
Family	Poor family relations	Family cohesion

Evaluation Outcomes to Date: Since 1904, more than 360 agencies in each of the 50 States, the District of Columbia, and Guam have used the program, and served 210,000 youth in 2010. Positive outcomes were found for youth ages 10-16 in that youth were less likely to initiate drug use, engage in aggressive behavior, skipped fewer classes and days of school, and had better relationships with their parents and more trust in their parent.

¹ NREPP. (August 2011) *Big Brothers Big Sisters Mentoring Program*. Retrieved from: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=227>

Friendly PEERsuasion^{1,2}

Friendly PEERsuasion is a two-phase program part of Girls Inc. that helps girls build knowledge and skills for resisting negative peer pressure and learn healthy ways to manage stress and how to deflect from factors that contribute to substance use. Participants also build leadership skills that help them plan and implement substance use prevention activities with groups of younger children.

Target Population: Girls (Ages 11-14 and 6-10 years old)

Type of Strategy: This program is based on social influence and life skills models.

General Activities:

Activities	CSAP Prevention Categories
Train group facilitators	Community-Based Process
Phase One: Provide participants with 14 one-hour sessions	Education
Phase Two: Provide participants with 8-10 half hour sessions	Education

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors	Protective Factors
Individual	Low perception of risk, misperceptions about the acceptability of substance use, lack of knowledge of and misperception of consequences of substance use, inability to identify and resist pressures to use substances	Communication skills, awareness, high perception of risk, knowledge about substance use, ability to resist peer pressure
Peer	Easily influenced by peer pressure	Positive peer relationships, peer non-drug activities

Evaluation Outcomes to Date: “Evaluation of the PEERsuasion program showed that program participants were more successful in avoiding use of cigarettes, alcohol, or other drugs and were more prone to leave situations where substances were being used.” Younger participants (ages 11-12) were more successful in delaying initial substance use compared to older girls (13-15).

¹ Girls Inc. *Friendly PEERsuasion*. Retrieved from: <http://www.girlsinc.org/about/programs/friendly-peersuasion.html>

² Retrieved from: <http://www.childtrends.org/lifecourse/programs/Girls,%20Inc.%20FriendlyPEERsuasion.htm>

Life of an Athlete¹

“The American Athletic Institute’s Life of an Athlete prevention/intervention series is a five step high school program designed to confront chemical health issues and impact the problems that face today’s student-athlete.”

Target Population: Male and female adolescent athletes, coaches, parents, athletic directors and communities

Type of Strategy: Theory-based. This strategy is based on the socio-ecological model of prevention.

General Activities:

Activities	CSAP Prevention Categories
Pre-Season Meetings for Entry Level Athletes and Parents	Information Dissemination
Athletic Codes of Conduct Conditions for Involvement	Information Dissemination
Coaching Effectiveness Training	Environmental
Developing Leadership to Confront Behaviors of Concern	Education
Stakeholder Unity	Education

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors	Protective Factors
Individual	Personal vulnerability to use drugs	Improved knowledge and understanding of athlete lifestyle, training effect and goal and social cohesion, accurate knowledge of the effect of social drug use and performance, improved perception of personal achievement and self- efficacy, through greater normative understanding and personal and collective responsibility
School	Drug use norms	Team Vigilance, Individual responsibility, Collective responsibility, Team leadership, Coaching Vigilance, Parent Vigilance, Stakeholder Knowledge Understanding Agreement, Fan responsibility, Universal Code enforcement
Community	Availability of drugs to athletes, enforcement of all laws pertaining to underage use	Debunk any perceptions that use is acceptable, Get community involved in after contest activities, Create community tone of healthy athletes with character, Community wide support of Code

Evaluation Outcomes to Date:

“In Lakeville, MN, where Life of an Athlete was implemented, some notable outcomes were documented: ²

- Chemical Health Advisory Committee established
- Co-Curricular Task Force established
- Mandated Pure Performance presentations to all Coaches / Activity Leaders
- Mandated Pure Performance presentations to all Middle School students
- Mandated Pure Performance presentations to all athletes and activities and parents/guardians
- Curriculum task force established to create awareness of problem
- Public Service Television show "Pure Performance the Key to my Success Aired"
- Social Host Ordinance passes unanimously

¹ American Athletic Institute. (2006) Retrieved from: <http://www.americanathleticinstitute.org/highschool/life-of-athlete.html>

² Underwood, John. American Athletic Institute. *What's Life of an Athlete All About?* Retrieved from: <http://www.altoona.k12.wi.us/schools/high/LOA.pdf>

Media Power Youth: Elementary and Middle School Curricula Training¹

Training for teachers is provided by Media Power Youth staff is required to meet the evaluation standards and recommended for all educators using the curriculum. A Teacher's Guide, with 12 lesson plans and all support materials on accompanying DVD with downloadable student handout masters is provided. The curriculum engages students in fun, media-rich lessons through which they develop vital critical thinking and decision-making skills to recognize and resist media's influence on violence, bullying, alcohol & tobacco use and nutrition. Students are empowered to create healthy media messages for positive health behaviors to strengthen their understanding of media's influence as well as their own sense of self. The curriculum is evidence-based and meets health and media literacy curriculum standards with an approach that teachers embrace and parents support.

Target Population: Youth (Grade 5)

Type of Strategy: Research-based. Based on a susceptibility-reduction strategy, informed by the Health Belief Model and the Habits of Thought Model.

General Activities:

Activities	CSAP Prevention Categories
Train teachers to teach curriculum	Community-Based Process
Implement curriculum (12 lessons)	Education

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Individual	Perceived lack of consequences, belief that underage drinking or prescription drugs are not harmful
Community	Media culture distorts social norms for tobacco, alcohol, prescription drugs and violence

Evaluation Outcomes to Date: Based on an evaluation conducted by Children's Hospital Boston, Harvard Medical School and Harvard School of Public Health, students' receiving the curriculum significantly increased their understanding of advertising influences and techniques, believe that they can understand and resist media messages in order to make their own healthy choices, reported enjoying the classes, finding them interesting and learning from them.

¹ Retrieved from: <http://www.mediapoweryouth.org>

Media Power Youth Crew

The afterschool programs teach teens to produce media with healthy messages by providing the opportunity to use both traditional and emerging media safely, responsibly and creatively to promote healthy lifestyles. Media education combined with media production may result in personal changes, such as improvements in self-esteem, taking responsibility for one's life, sharing experiences with others and learning the ability to express oneself (Brown & Walsh-Childers, 2002). Through our production prevention education model, Media Power Youth provides an engaging, creative, and innovative way to not only teach prevention of at-risk behaviors and promotion of healthy choices, but also to give a voice to students to be heard by their peers, families and communities.

Target Population: Middle School- and High School-Aged Youth

Type of Strategy: Research-based. Based on a susceptibility-reduction strategy, informed by the Health Belief Model and the Habits of Thought Model.

General Activities:

Activities	CSAP Prevention Categories
10-12 week afterschool program	Education

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Individual	Parents view underage drinking as a rite of passage, parents and youth do not think underage drinking is harmful, youth don't believe there are real legal consequences for misusing prescription drugs
Community	There is no counter publicity regarding marijuana

Evaluation Outcomes to Date: Although, this particular program has not yet been rigorously evaluated, all Media Power Youth programs have been developed based on the same research and theory. The Elementary and Middle School Curricula was formerly evaluated – see results below.

Based on an evaluation conducted by Children's Hospital Boston, Harvard Medical School and Harvard School of Public Health, students' receiving the curriculum significantly increased their understanding of advertising influences and techniques, believe that they can understand and resist media messages in order to make their own healthy choices, reported enjoying the classes, finding them interesting and learning from them.

Media Power and You in Action

In this hands-on, in depth program, multi-week program, middle/high school, youth will engage in research about underage substance use and media literacy activities focused on one or several health topics (i.e. violence, bullying, alcohol, tobacco, and other substance use, healthy eating, body image) and then apply skills learned to develop, produce, and disseminate a positive media message about the prevention of at risk behaviors and benefits of pro-social /healthy behaviors. Participants will be empowered to: think critically about media messages and how they portray and normalize substance use, create their own positive media messages, advocate with their self-created media, make connections between their everyday media use and important health decisions, use media to promote positive messages to their peer groups and communities.

Target Population: Middle School- and High School-Aged Youth

Type of Strategy: Research-based. Based on a susceptibility-reduction strategy, informed by the Health Belief Model and the Habits of Thought Model.

General Activities:

Activities	CSAP Prevention Categories
Multi-week educational sessions	Education

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Individual	Parents view underage drinking as a 'rite of passage, parents and youth do not think underage drinking is harmful, youth don't believe there are real legal consequences for misusing prescription drugs
Community	There is no counter publicity regarding marijuana

Evaluation Outcomes to Date: Although, this particular program has not yet been rigorously evaluated, all Media Power Youth programs have been developed based on the same research and theory. The Elementary and Middle School Curricula was formerly evaluated – see results below.

Based on an evaluation conducted by Children's Hospital Boston, Harvard Medical School and Harvard School of Public Health, students' receiving the curriculum significantly increased their understanding of advertising influences and techniques, believe that they can understand and resist media messages in order to make their own healthy choices, reported enjoying the classes, finding them interesting and learning from them.

PhotoVoice^{1,2}

“PhotoVoice is a process in which people – usually those with limited power due to poverty, language barriers, race, class, ethnicity, gender, culture, or other circumstances – use video and/or photo images capture aspects of their environment and experiences and share them with others. The pictures can then be used, usually with captions composed by the photographers, to bring the realities of the photographers’ lives home to the public and policy makers and to spur change.”

Target Population: Individuals, the general public and policy makers

Type of Strategy: Theory-based. The concept has existed for many years, but much of the theoretical background of current programs comes from the work of Caroline Wang. In 1992, Wang and Mary Ann Burris developed PhotoVoice based on a combination of Paulo Freire’s notion of “critical consciousness” (a deep understanding of the way the world works and how society, politics, and power relationships affect one’s own situation); feminist theory, which emphasizes the importance of voice; and documentary photography, which is often used to help bring about social change.

General Activities:

Activities	CSAP Prevention Categories
Recruit participants, at least one mentor/facilitator, and staff/volunteers.	Community-Based Process
Plan the project with the community or group you’re working with.	Community-Based Process
Train participants, staff, and/or volunteers.	Community-Based Process
Get out and take pictures.	Community-Based Process
Discuss/reflect/choose.	Community-Based Process
Exhibit.	Information Dissemination
Take action.	Environmental
Follow up.	Community-Based Process
Evaluate.	Community-Based Process

Risk and Protective Factors Addressed by this Strategy:

Domain	Protective Factors
Individual	Increases “critical consciousness” - a deep understanding of the way the world works and how society, politics, and power relationships affect one’s own situation
Community	Raises the consciousness of the general public and of policy makers about individual needs

¹ Retrieved from: http://ctb.ku.edu/en/tablecontents/chapter3_section20_main.aspx

² Catalani and Minkler. *Photovoice: A Review of the Literature in Health & Public Health*. Health Educ Behav. 2010 Jun; 37(3):424-51. Epub Oct 1, 2009.

Evaluation Outcomes to Date: According to a 2008 review published by Catalani and Minkler, “although a growing number of projects have been implemented using the community-based participatory research. In all, 37 unduplicated articles were identified and reviewed using a descriptive coding scheme and Viswanathan et al.’s quality of participation tool. Findings reveal no relationship between group size and quality of participation but a direct relationship between the latter and project duration as well as with getting to action. More participatory projects also were associated with long-standing relationships between the community and outside researcher partners and an intensive training component. Although vague descriptions of project evaluation practices and a lack of consistent reporting precluded hard conclusions, 60% of projects reported an action component. Particularly among highly participatory projects, PhotoVoice appears to contribute to an enhanced understanding of community assets and needs and to empowerment.”

Teen Institute Training for Youth¹

“NH Teen Institute is the only statewide youth empowerment and prevention organization in NH offering year-round leadership skills training, substance abuse prevention education, and support for New Hampshire teens, preteens, and adult advisors who are working together to make a difference in their lives and communities.”

Target Population: Middle School and High School Youth

Type of Strategy: Training Services

General Activities:

Trainings	CSAP Prevention Categories
Peer Leadership Trainings: Designed for schools with existing or new peer outreach groups or school climate focused clubs, our one-day or weekend retreats help students and advisors build and reinforce their leadership skills. Our training format uses a team approach to build awareness and skill development, while focusing on communication, problem identification, referral, and action planning. Skill building exercises and teambuilding activities help students understand the power and pitfalls of group process and development.	Community-Based Process or Alternatives
Summer Leadership Program: Teen Institute bring high school students together from across the state for a week of experiential activities designed to help them explore their values, relationships and coping strategies, and connect with their own inner strength while connecting with other young people. For 26 years, New Hampshire teens report that Summer Program has changed their lives in dramatic ways. Through our supportive environment and proven approaches, students learn to take positive, healthy risks to help them gain self-awareness, learn critical life skills, and acquire important insight and knowledge. During the general education sessions, all participants gain basic knowledge about violence prevention, diversity, building self-esteem, alcohol, tobacco and other drug use, connecting with one’s community, and coping with grief and loss.	Community-Based Process or Alternatives
Leaders in Prevention: The Leaders In Prevention program brings together a team of eight middle school students and two advisors for a weekend of activities and action planning with numerous other teams from across New Hampshire. Schools identify students—from all walks of life and levels of skill—with leadership potential, that are capable of working as part of a team, and willing to bring new skills back to their community.	Community-Based Process or Alternatives
Thriving in Middle School: It is important for young teens/preteens to hear clear and consistent messages about the importance of making healthy choices, talking with trusted adults when issues arise, and finding their inner leader. The Thriving in Middle School program can help you get the conversation started!	Community-Based Process or Alternatives
Custom Workshops: NH Teen Institute is available to help you design the best array of workshops for your group. From 60-minute sessions to a full day of training, our facilitators are specially trained to deliver important information to middle and high school students in an energetic, engaging manner. We also offer specially designed workshops for proactive college student groups looking to make a difference with on their campus and with their peers!	Community-Based Process or Alternatives

¹ Retrieved from: <http://www.nhteeninstitute.org>

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Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors	Protective Factors
Individual	Personal attitudes favorable towards use, perception of risk, intention to use, misconceptions about alcohol, tobacco and other drug use, resistance skills for dealing with peers and media pressure to engage in alcohol, tobacco and other drug use	Pro-social behavior, goal-setting
Peer	Associating with peers who use	

Evaluation Outcomes to Date: The Teen Institute is currently working with the New Hampshire Center for Excellence in application of NH Service to Science endorsement of the Summer Leadership Program. Initial results of a six-month follow-up survey indicate positive, lasting outcomes for participants.

Active Parenting of Teens: Families in Action¹

Active Parenting of Teens: Families in Action uses a family systems approach in which parents and teens learn skills to increase protective factors that prevent and reduce alcohol, tobacco, and other drug use; irresponsible sexual behavior; and violence.

Target Population: Middle school students, parents/caregivers

Type of Strategy: Evidence-based from the National Registry of Evidence-Based Programs and Practices (NREPP). Parent curriculum based on Adlerian parenting theory.

General Activities:

Activities	CSAP Prevention Categories
Train session facilitators	Community-Based Process
Provide individual weekly 2-hour sessions for six weeks to both parents & teens	Education
Provide family sessions which includes both parent and teen	Education

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors	Protective Factors
Individual	Communication issues, low self-esteem, behavioral problems, low substance use knowledge, low interpersonal skills	Good communication skills, high self-esteem, knowledge on effects of substance use, strong interpersonal skills
Family	Ineffective parenting skills, negative parent-child relationship, communication issues	Strong parenting skills, good communication, positive parent-child relationship, family cohesion

Evaluation Outcomes to Date: Since 2000, over 100,000 parents and teens have participated in the program at an estimated 1,500 sites in the United States and countries around the world. Post-test and/or follow-up findings indicated an increase in positive attachments to family, school, and peers, participation in counseling, attitudes toward alcohol use, and self-esteem.

¹ NREPP. Retrieved from: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=168>

Active Parenting Now¹

“Active Parenting Now is a video-based education program targeted to parents of 2- to 12-year-olds who want to improve their parenting skills. The program teaches parents how to raise a child by using encouragement, building the child's self-esteem, and creating a relationship with the child based upon active listening, honest communication, and problem solving. It also teaches parents to use natural and logical consequences to reduce irresponsible and unacceptable behaviors.”

Target Population: Parents of 2 to 12 year olds

Type of Strategy: Evidence-based from the National Registry of Evidence-Based Programs and Practices (NREPP). Based on the application of Adlerian parenting theory.

General Activities:

Activities	CSAP Prevention Categories
Train facilitators using Leader Guide	Community-Based Process
Provide parents with weekly 2-hour classes for six weeks	Education
Provide parents with a guide containing information and skills covered, additional reading material, activities, and homework assignments	Information Dissemination

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors	Protective Factors
Individual	Communication issues, low self-esteem, irresponsible and inappropriate behavior	Responsible, good communication skills, high self-esteem
Family	Inadequate parenting skills	Strong parenting skills, family cohesion

Evaluation Outcomes to Date: Since being revised in 2003, Active Parenting Now has been implemented at 20,000 sites with approximately two million parents trained. Significant positive outcomes were observed with improvements seen for parental perceptions of child behavior, parental attitudes and beliefs, parent-child relationship problems, and positive and negative child behaviors.

¹ NREPP. Retrieved from: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=110>

DrinkStory.com

DrinkStory.com is a website where college aged young adults, can blog about the use and trends related to alcohol use.

Target Population: College-aged young adults

Type of Strategy: Research-based – social marketing campaign

General Activities:

Activities	CSAP Prevention Categories
Develop protocols for managing the site	Community-Based Process
Create a system for site promotion through interns/classes	Information Dissemination
Create a cell phone app and develop toolkits for promotion of site	Community-Based Process
Distribute promotional information to college campuses	Information Dissemination
Implement a system to track hits and automatically generate evaluative reports	Community-Based Process

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Individual	Perception of risk
Community	Social norms (binge drinking is seen as a “rite of passage”)

Evaluation Outcomes to Date: SAMHSA, OJJDP and the Northeast CAPT support the appropriate use of social marketing/mass media campaigns.

Media/Social Marketing Campaign^{1,2}

Using mass media to increase public concern about use and change normative perceptions.

Target Population: Region-specific

Type of Strategy: Research-based strategy based on commercial marketing.

General Activities:

Activities	CSAP Prevention Categories
Develop messaging	Community-Based Process
Distribute messaging (targeted, high dose, used in combination with other interventions)	Information Dissemination

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Community	Perception of risk, Community norms

Evaluation Outcomes to Date:

Alcohol: SAMHSA, OJJDP and the Northeast CAPT support the appropriate use of mass media campaigns.

Marijuana: “Mass media campaigns have shown some efficacy in reducing marijuana use among high sensation seekers, although the message must be carefully targeted and the media campaign must have high levels of reach and frequency (Palmgreen et al., 2001). Media campaigns around marijuana use should not be used in isolation, but combined with other strategies (particularly school-based reinforcement of message) (Slater et al., 2006).”

Non-Medical Use of Prescription Drugs: One study examining the effects of a statewide educational media campaign in Utah targeting prescription drugs was conducted between 2008 and 2009. Results found low reach of the campaign, with only 48% of those surveyed who recalled seeing the campaign ads. Of those who recalled the campaign, 52% said that the media messages made them less likely to share medications, 51% reported that they were less likely to use PD not prescribed for them, and 29% reported a change in their understanding of prescription pain medication (PPM) dangers changed over the last year. There were no changes in reported beliefs regarding medical sharing or the burden of PPM misuse in the community. Among the fraction of respondents who were aware of the drug disposal issue, there was a significant increase in reported behaviors regarding disposal of PPM from pre to post-test, although only 18% reported they disposed of leftover medications as a result of the media messages. The number of respondents who were familiar with how to dispose of PPM remained unchanged (43%) (Johnson, Porucznik, Anderson, & Rolfs, 2011).

¹ CAPT Northeast Regional Marijuana Webinar Series, Strategies/Interventions for Reducing Marijuana Use

² CAPT Northeast Regional Non-Medical Use of Prescription Drugs (NMUPD) Webinar Series, Strategies/Interventions for Reducing NMUPD

Fostering Healthy Choices through Juvenile Court/Diversion

This prevention/early intervention model offers a vital service to local police who otherwise would either only give a warning to the youths or fully prosecute them in district court; ensures parent involvement through a family assessment and follow-up; addresses issues that may have led to the arrest, such as substance use, anger management and school difficulties; enables District Court to focus on those youth seriously in need of court intervention. Through the police and local adult and teen volunteers, first-time, minor offenders are held accountable while earning a second chance at avoiding a juvenile criminal record. Youth are referred for delinquent offenses such as trespassing, threatening, assault, possession of alcohol or other drugs, vandalism or for shoplifting.

Target Population:

Type of Strategy: Research conducted by the U.S. Office of Juvenile Justice Delinquency Prevention shows that preserving families and involving families is the most successful way to prevent delinquent behavior. It is essential that families receive help to lessen the likelihood that offensive behavior will occur again.

General Activities:

Activities	CSAP Prevention Categories
Complete family assessment, and the Family Functioning Survey. Referrals are made to area agencies as needed.	Problem ID and Referral
Panel appearance and Contracts of Consequences assigned.	Education
Completion of contract and ongoing communication between all parties.	
Final check-in. The Family Functioning Survey is again completed to document improvements in overall functioning during the 4-month period. In the event that a youth violates the law during the contract period, he or she is referred back to the police which then brings formal charges in court.	Problem ID and Referral

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors	Protective Factors
Individual	Low perception of risk	Awareness of pro-social activities
Peer	Attitudes favorable towards use	
Family		Family cohesion

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Evaluation Outcomes to Date:

Outcome	Indicator(s)	Target(s)	Level(s) Achieved
Youth are diverted from the juvenile justice system	At least 153 of 180 youth that participate in the program, will fulfill the contract, follow through with check-ins and pay any necessary restitution	85%	97% 126 out of 130
Family Functioning Improves	At least 153 of 180 families that complete the Family Functioning Survey taken at Intake and Exit will show increased scores	85%	97% 126 out of 130
Recidivism rates are reduced	Post- discharge follow-up indicates that at least 153 of 180 youth that complete the program will not have additional arrests within one year following the end of the program	85%	97% 126 out of 130

Permanent Prescription Drug Disposal Locations¹

This program intends to establish permanent prescription drug drop box locations across New Hampshire. These sites will provide NH residents with the ability to dispose of unwanted or expired pharmaceutical drugs from households and residences in a safe, accessible, and convenient manner. This initiative will help to reduce access to addictive drugs by individuals, specifically children.

Target Population: NH residents holding unwanted or expired pharmaceutical drugs

Type of Strategy: Permanent Prescription Drug Drop Box

General Activities:

Activities	CSAP Prevention Categories
Request and obtain written authorization from the Drug Enforcement Administration (DEA) to place a permanent prescription drug drop box at a site	Community-Based Process
Place drop box at a police station	Community-Based Process
Station drop box in a location that is accessible to the public	Community-Based Process
Establish and ensure that drop box is under constant video surveillance	Community-Based Process
Secure drop box to a wall or floor to prohibit removal of box or retrieval of contents from box without a key	Community-Based Process
Indicate on drop box items which may or may not be disposed of	Community-Based Process
Chief law enforcement officer and a law enforcement officer designated by the chief law enforcement officer of an agency are to maintain drop box key and the disposal of contents collected	Community-Based Process
Destroy collected pharmaceutical drugs at an approved solid waste disposal facility	Community-Based Process
Document disposal by including date and location of drop box, weight of collected pharmaceuticals, date and location of disposal site, name(s) of involved law enforcement officers	Community-Based Process
Hold documentation of disposal for a minimum of 5 years	Community-Based Process

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Community	Social access, community norms

Evaluation Outcomes to Date: As a result of this initiative, at least 12 sites (Seabrook, Windham, Sandown, Keene, Moultonborough, Lee, Newington, Salem, North Hampton, Derry, Pelham, Manchester) across New Hampshire have been established.

¹ Chapter Jus 1600, *Procedures for Pharmaceutical Drug Collection and Disposal Programs*, Interim Rules, November 17, 2011.

Communities Mobilizing for Change on Alcohol (CMCA) Model for Community Organizing^{1,2}

CMCA is a community-organizing program that employs a range of social-organizing techniques to address legal, institutional, social, and health issues related to underage drinking. The program involves community members in seeking and achieving changes in local public policies and the practices of community institutions that can affect youths' access to alcohol.

Target Population: Youth 13 to 20 years of age

Type of Strategy: Evidence-Based from the National Registry of Evidence-based Programs and Practices (NREPP). CMCA community-organizing methods draw on a range of traditions in organizing efforts to deal with the social and health consequences of alcohol consumption.

General Activities:

Activities	CSAP Prevention Categories
Hire a qualified community organizer	Community-Based Process
Form a local strategy team	Community-Based Process
Develop a specific organizing strategy	Community-Based Process
Select alcohol policy and enforcement targets	Environmental
Mobilize citizens of the community to push for those targets	Community-Based Process

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Community	Retail Access, Social Access, Community Norms Favorable Towards Use

Evaluation Outcomes to Date: A 15-community, randomized trial (experimental design study) demonstrated a statistically significant reduction in DUI arrests among 18-20 year olds, a decrease in retail access to alcohol among youth 13-20 years old, a reduction in the provision of alcohol to other teens by 18-20 year olds and a decrease in the amount and frequency of alcohol consumption by 18-20 year olds.

¹ University of Minnesota, Alcohol Epidemiology Program. <http://www.epi.umn.edu/alcohol/cmca/index.shtml>

² NREPP. CMCA Retrieved from: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=117>